

## Contact Information

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## OUR DUTIES REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal and confidential. We are committed to protecting medical information about you.

This Notice will tell you about the ways in which Neurility Physical Therapy may use and disclose medical information about you.

We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept confidential.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you and to follow the terms of this Notice, currently in effect.
- To notify you in the event of any security breach affecting your protected health information (“PHI”) or Confidential Medical Information.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Here we describe the various ways we use and disclose medical information.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, physical therapists, contractors or other health care professionals or facilities for purposes of diagnosis and treatment. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency or in an emergency transport vehicle and emergency medical personnel at a duly licensed health facility.
- **To You, For Payment.** We may use and disclose medical information about you, to you, and as necessary so that the treatment and physical therapy services you receive at Neurility Physical Therapy may be billed and payment may be collected directly from you. Neurility Physical Therapy will not bill anyone other than you, our patient, for the physical therapy services or fitness services you receive at

Neurility Physical Therapy. You are the only person responsible to pay for the services you receive from Neurility Physical Therapy. We will not bill your insurance or HMO.

- **For Health Care Operations.**

Your medical information may be disclosed to professional Standards Review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations established by Congress, contractors or persons or organizations responsible for insuring or defending professional liability that a provider may incur, if the organization or person is engaged in reviewing health care services with respect to medical necessity, level of care, quality of care or justification of charges. Your medical information may be disclosed for the purpose of disease management, if the disclosure is authorized by your treating physician. Your medical information that is directly relevant to your health care by an individual, may be disclosed to any individual who is your family member, other relative, domestic partner or a close personal friend responsible for your care, if you are competent, present or otherwise available prior the disclosure and you tell us you agree to the disclosure or you have an opportunity to object to the disclosure and do not object to the disclosure of your medical information to that person. In such a situation we may reasonably infer, from the circumstances, that you do not object to the disclosure.

- **In Special Situations.**

Your medical information will be disclosed as required by law for law enforcement activities, public health activities and health oversight activities.

## **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

- **Highly Confidential Information**

Federal and California law require special Privacy Protection for certain Highly Confidential Information about you, including any Protected Health Information that (1) is maintained in psychotherapy notes, or (2) is about mental health and developmental disabilities services or (3) is about alcohol and drug abuse prevention, treatment or referral or (4) is about HIV/AIDS testing, diagnosis or treatment or (5) is about communicable disease or (6) is about genetic testing, diagnosis or treatment or (7) is about child abuse or child neglect or (8) is about domestic or elder abuse or (9) is about sexual assault. Your written authorization

is required for us to disclose your Highly Confidential Information for a purpose other than a purpose required by law.

- **Marketing to You; Sale of Your PHI.**  
We must obtain your authorization for any use or disclosure of your medical information or PHI for the purpose of marketing a product or service, except if the disclosure communication is in the form of (1) a face to face communication made by us to you or (2) is a promotional gift of nominal value.  
We must not sell your medical information or PHI unless, after full disclosure, you duly authorize us, in writing, to sell your PHI.

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of your medical information that are not covered by this Notice of Privacy Practices, or the laws that apply to Neurility Physical Therapy, will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written Authorization, except to the extent we have already acted in reliance upon the Authorization. Please understand that we are unable to take back any disclosures we have already made with your written permission and that we are required to retain in our records of the care we provided to you.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights:

- **Right to Request Restrictions.**  
You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or your friend. We are not required to agree to your request. If we do agree we will comply with your request unless disclosure of the information is necessary to provide you with emergency treatment. You may make your request for a restriction or limitation on the disclosure of your medical information and send to Neurility Physical Therapy, via secure email to [christy.macdonell@neurilitypt.com](mailto:christy.macdonell@neurilitypt.com). We will send you a form Request for Limitation on Use and Disclosure of Protected Health Information (PHI) for you to complete and return to us at the address indicated on the form.
- **Right to Request Confidential Communications.**  
You have the right to request that we communicate with you about medical matters at a certain location or in a certain way. You may make your request via

secure email, to [christy.macdonell@neurilitypt.com](mailto:christy.macdonell@neurilitypt.com). We will send you a form Request for Confidential Communication of Medical Matters (PHI) for you to complete and return to us at the address indicated on the form. We will not ask you the reason for your request.

- **Right to Inspect and Copy.**

You have the right to inspect and copy your medical information maintained by Neurility Physical Therapy. If you want to inspect and copy your medical information, please submit your request via secure email to [christy.macdonell@neurilitypt.com](mailto:christy.macdonell@neurilitypt.com). We will send you a form Request for Access to Medical Information. If you indicate on the form that you are requesting a copy of your medical information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will provide you with access to your medical records or a copy of your medical records that we maintain, within 30 days of your request.

- **Right to Request Amendment.**

If you believe that the medical information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment from us as long as your medical information is maintained by or on behalf of Neurility Physical Therapy. You may request an amendment to your medical information by sending your request to [christy.macdonell@neurilitypt.com](mailto:christy.macdonell@neurilitypt.com) via secure email. You must include and provide us with support for your request for amendment. We will send you a form Request to Amend Medical Information.

We may deny your request for amendment of your medical information if your request does not support the fact that your medical record is incorrect or incomplete. We may deny your request if you ask us to amend information that

- (1) Was not created by Neurility Physical Therapy (unless the person or entity that created the information is no longer available to make the amendment),  
or
- (2) Is not part of the medical information maintained by or for Neurility Physical Therapy or the medical information that we would permit you to inspect and copy  
or
- (3) Is accurate and complete.

If we deny your request for an amendment, you may submit a written statement of your disagreement, which we will append to your medical record. In such case we may also file a rebuttal statement and we may append that to your medical record and provide you with a copy.

- **Right to an Accounting of Disclosures.**

You have the right to an accounting of disclosures of your medical information. If you want to request an accounting of the disclosures of your medical Information, please send it to [christy.macdonell@neurilitypt.com](mailto:christy.macdonell@neurilitypt.com) via secure email so that we can send you a form Request for Accounting of Disclosures of Medical Information. Your request for an accounting of disclosures must state a time period during which the disclosures requested were made. The time period may not be longer than six (6) years preceding the date of your request. Please indicate the format (paper or electronic) in which you want to receive the accounting of disclosures of your medical information.

- **Right to a paper copy of this Notice.**

You have the right to a paper copy of this Notice. We will provide you with a paper copy of this Notice when we first provide you with Neurility Physical Therapy Services. Also, you may ask us to give you a copy of this Notice at any time. To obtain a paper copy, please send your request to [christy.macdonell@neurilitypt.com](mailto:christy.macdonell@neurilitypt.com).

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice, upon notice to you. We will also post a copy of this Notice on our website at [www.neurilitypt.com](http://www.neurilitypt.com).