

Warm Hands Therapeutics

Protected Health Information Statement of Privacy

It is the policy of Warm Hands Therapeutics that our therapists and staff preserve the integrity and confidentiality of **Protected Health Information (PHI)** pertaining to our clients. The purpose of this policy is to insure that our therapists and staff have the necessary medical and **PHI** to provide the highest quality of care possible while protecting the confidentiality of the **PHI** of our clients to the highest degree possible. Our therapists and staff will:

- ✧ Adhere to the standards set forth in the Notice of Privacy Practices.
- ✧ Collect, use and disclose **PHI** only in conformance with state and federal laws and current patient covenants and/ or authorizations, as appropriate. Warm Hands Therapeutics and its staff will not use or disclose **PHI** for uses outside of **Treatment, Payment, and Healthcare Operations (TPO)**, such as marketing, employment, life insurance application, etc. without an authorization from the client.
- ✧ Use and disclose **PHI** to remind patients of their appointments unless they instruct us not to.
- ✧ Recognize that **PHI** collected about clients must be accurate, timely, complete, and available when needed. Warm Hands Therapeutics and its staff will:
 - Implement reasonable measures to protect the integrity of all **PHI** maintained.
- ✧ Recognize that clients have a right to privacy. Warm Hands Therapeutics and its staff respect the client's individual dignity at all times. Warm Hands Therapeutics and its staff will respect the client's privacy to the extent consistent with providing the highest quality of medical or therapeutic care possible and with the efficient administration of this practice.
- ✧ Act as responsible information stewards and treat all **PHI** as sensitive and confidential. Consequently, Warm Hands Therapeutics and its staff will:
 - Treat all **PHI** data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
 - Not disclose **PHI** data unless the client (or her or his authorized representative) has properly authorized the release or the law otherwise authorizes the release.
- ✧ Recognize that, although Warm Hands Therapeutics *owns* the medical record, the client has a right to inspect and obtain a copy of her/ his **PHI**. In addition, clients have a right to request an amendment to her/ his medical record if she/ he believes her/ his information is inaccurate or incomplete. Warm Hands Therapeutics and its staff will:
 - Permit clients access to their medical records when their written requests are approved by our practice. If we deny their request, then we must inform the clients that they may request a review of our denial. In such cases, we will have an on-site healthcare professional review the client's appeals.
 - Provide clients with an opportunity to request the correction of inaccurate or incomplete **PHI** in their medical records in accordance with the law and professional standards.

Warm Hands Therapeutics

Protected Health Information Statement of Privacy

- ✧ Warm Hands Therapeutics and its staff will maintain a list of certain disclosures of **PHI** for purposes other than **TPO** for each client and those made pursuant to an authorization as required by the **Healthcare Insurance Portability and Accessibility Act of 1996 (HIPPA)**. We will provide this list to clients upon written request.
- ✧ Warm Hands Therapeutics and its staff will adhere to any restrictions concerning the use or disclosure of **PHI** that clients have requested and have been approved by our practice.
- ✧ Warm Hands Therapeutics and its staff must adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice's personnel rules and regulations.

Access to Protected Health Information (PHI)

Our practice recognizes and respects the fact that the client has a right to inspect and obtain a copy of her/ his **PHI**.

Privacy Procedures to accomplish this Privacy Policy include:

- ✧ Warm Hands Therapeutics staff will provide the client with an original request form to complete, should she/ he wish to inspect his/ her **PHI**.
- ✧ Warm Hands Therapeutics staff will respond to the client's questions and requests concerning inspecting and copying their **PHI**.
- ✧ After completing it, the client will receive a copy of this form.
- ✧ The complete request form will be reviewed by the pertinent Warm Hands Therapeutics staff; among the criteria reviewed will be the validity of the client's signature compared to the signature on file.
- ✧ Warm Hands Therapeutics will respond to the client's request within thirty (30) days of the form's submission. Warm Hands Therapeutics reserves the right to request an additional thirty (30) days extension, provided this request is made in writing to the client before the original thirty (30) day period ends and includes the specific reasons for the extension request.
- ✧ Warm Hands Therapeutics will agree to all reasonable requests from clients desiring to inspect their medical records. If a request is denied, Warm Hands Therapeutics will provide the client with a written explanation for the denial as well as a description of the review denial appeal process.
- ✧ When a client has requested to inspect their **PHI** and her/ his request has been accepted, an authorized Warm Hands Therapeutics staff member will provide the client with their medical records and shall remain with the client while the client inspects her/ his records. This staff member will record the date and time of the inspection, as well as any requests for amendments or changes that the client wishes to make to their medical records. The staff member will provide the client with the appropriate forms to document the changes or amendments they may request.
- ✧ When a request to copy her/ his **PHI** has been accepted, Warm Hands Therapeutics will copy the client's records within thirty (30) days at a charge of one dollar (\$1.00) per page or as set by Florida state law.