

Fruition Therapy, LTD Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Fruition Therapy LTD is required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information.

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change this notice. If we make a change in our privacy terms the change will apply for all of your health information in our files.

Understanding your health record/information: Each time you receive services from Fruition Therapy LTD., a record of your visit is made. By understanding what is in your medical record and how your health information is used can help you to ensure that your medical record is accurate, help you to better understand who may be able to access your health information and allow you to make more informed decisions when authorizing disclosure to others. This record contains health and financial information. Typically this record contains information on your condition, the treatment we provide and payment for the treatment. This record is referred to as your medical record and serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document describing the care you receive
- Means by which services can be verified for billing purposes
- A tool for educating physical therapy and other health care professionals including students
- A source of data for facility planning
- A tool with which the quality and outcome of care and services given can be evaluated.
- Provide information for medical research
- Provide information to public health officials
- Obtain payment for your treatment

How Fruition Therapy LTD may use and disclose your health information:

For Treatment: Fruition Therapy LTD may use and disclose your health information about you to provide you with treatment. Fruition Therapy LTD may have to use and disclose your health information including all of your records about you to another health care provider or staff within Fruition Therapy LTD or outside of Fruition Therapy LTD. We may use and disclose your information to your doctors, or other personnel who are involved in your treatment. We may also use and disclose health information about you after you are discharged from therapy at Fruition Therapy LTD such as providing your primary, referring and any other physician(s) with a discharge report once you have completed your treatment. Fruition Therapy LTD may use and disclose your health information if we provide health care services to you in an emergency. Fruition Therapy LTD may use and disclose your health information to a correctional institution if we provide health care services to you as an inmate.

For Payment: Fruition Therapy LTD may use and disclose health information about you so that the treatment you receive may be billed to and payment may be collected from you, a government program, an insurance company, a third party or other benefits that you may be entitled to. This may include your entire medical record with us such as your initial evaluation, daily treatment notes, progress reports, discharge summaries, Rx from your referring physician etc. This information may be used and disclosed to an insurance carrier, an HMO, a PPO, your employer, your automobile insurance or anyone else who is potentially responsible for payment of your services. We may also use and disclose health information with payors such as treatment you are going to receive in order to obtain a prior authorization for our services or for Fruition Therapy LTD to determine whether payors will cover the treatment.

For Health Care Operations: Fruition Therapy LTD may use and disclose health information about you for our day to day health care operations such as your initial evaluation, treatment notes and billing records for quality control purposes or for other administrative purposes. This may include making sure all of our patients receive quality care and for evaluating the efficiency of the clinic. This may take the form of designing clinical protocols, establishing performance improvement activities or to assist in determining services that Fruition Therapy LTD should offer. We will also use and disclose information for staff training, reviews and evaluations. We may also use and disclose your health information as needed for credentialing, licensing, certification, auditing, and legal services. We may use and disclose your information for business management. We may use and disclose your information such as your name and telephone number(s) and any other relevant contact information such as on our daily schedules as needed. We may also use and disclose your name on our sign in sheet when you arrive for each of your therapy appointments. We may use and disclose your health information to our business associates. We may use and disclose your health information to tell you about possible alternative treatments or options that we believe may be of interest to you. Fruition Therapy LTD may use and disclose your health information to tell you about health-related benefits or services that we believe may be of interest to you. Fruition Therapy LTD will also leave a message on your answering machine or voice mail. You have a right to refuse to give us authorization to contact you regarding your schedule or appointments or other health information that Fruition Therapy LTD believes may be of interest to you. We may use and disclose health information about you to a family member or other relative, close friend or any person you designate who is involved in your care or payment for your care. We will use and disclose health care information to any person that you allow to observe your therapy sessions. We may use or disclose your information for fundraising activities. We may use and disclose health information about you to an entity who is assisting in disaster relief efforts. This is so your family can be notified of your condition, status and location.

As Required by Law: Fruition Therapy LTD may use and disclose health information about you when required to do so by federal, state or local law.

Fruition Therapy LTD may use and disclose health information about you in response to a court or administrative order. We may also use and disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. Fruition Therapy LTD may use and disclose your health information to a law enforcement official as required by laws that require us to report certain types of wounds or physical injuries or, to comply with court orders, subpoena, warrant, summons or administrative requests authorized by the law. To identify or locate a suspect, fugitive, material witness, or missing person, about criminal conduct at Fruition Therapy. Fruition Therapy LTD may use and disclose your health information to an appropriate law enforcement authority if the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

For Public Health Risks: Fruition Therapy LTD may use and disclose your health information to a public health or appropriate government authority for a wide range of public health activities when the public health authority is authorized to collect or receive your health information under state or federal laws. This may include: prevention of or control of disease, disability or injury, to report a birth or death, to report child abuse or neglect, to report reactions to medications or problems with products, to notify people of recall of products, to notify a person who may have been exposed to a disease or may be at risk for wither contracting or spreading a disease. If we reasonably believe you are the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when we are required or authorized by law.

For Health Oversight Activities: Fruition Therapy LTD may use and disclose your health information for state and federal health oversight activities of the health care system and government benefit programs.

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Workers Compensation: Fruition Therapy LTD may use and disclose your health information if we provide care to you that is related to a work place injury to the extent necessary to comply with Wisconsin's worker's compensation laws. Fruition Therapy LTD We may use and disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Fruition Therapy LTD may use and disclose health information specific to your work-related illness or injury if your employer needs the health information to comply with its obligations under federal or state occupational safety and health laws.

Research: Fruition Therapy LTD may use and disclose health information about you for research purposes.

Other: Fruition Therapy LTD may use and disclose health information to organizations that handle organ procurement to facilitate donation and transplantation. Fruition Therapy LTD may use and disclose health information about you as required by military authorities. We may also use and disclose health information about foreign military personnel to the appropriate foreign military authority.

Fruition Therapy LTD may use and disclose health information to a coroner or medical examiner. We may also disclose health information to funeral directors as necessary to carry out their duties.

Fruition Therapy LTD may use and disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Your rights regarding health information about you: You have the following rights regarding health information we maintain about you:

Your right to inspect and copy your health information. You have the right to inspect and/or receive a copy of any health information (i.e. you medical records) that is used to make decisions about your care. You may also have a copy of financial information like your billing records. To inspect and/or request a copy of this health information, you must submit your request in writing to Fruition Therapy LTD. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect a copy in certain circumstances.

Your right to amend your health information. You have the right to request amendments be made to your health information for up to seven years from the date the record was created. You must provide your request in writing on the form provided by Fruition Therapy LTD's privacy officer. You must include your reason to support the requested change. We may deny your request for amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: 1. was not created by us, 2. is not part of the health information kept by or for the facility, or 3. is accurate and complete.

Your right to an accounting of disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to Fruition Therapy LTD. Your request must state a time period, which may not be longer than six years from the date the request is submitted and may not include dates prior to April 14, 2003. We may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. This accounting of disclosures will include all disclosures except: 1. Those disclosures required for your treatment, to obtain payment for your services, or to run our company. 2. Those disclosures made to you. 3. Those disclosures that we are permitted to make without your consent or authorization as described in this privacy policy. 4. Those disclosures made based on an authorization that you signed. 5. Those disclosures necessary to maintain a directory of the individuals in our facility or to individuals involved in your care. 6. Those disclosures for national security or intelligence purposes. 7. Those disclosures made to correctional officers or law enforcement officers. 8. Those disclosures that were made prior to the effective date of the HIPAA privacy law.

Your right to request restrictions. You have the right to request a restriction or limitation on the health information we use and disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member. For example, you could ask that we not disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must make your request in writing to Fruition Therapy LTD Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply; for example disclosures to your spouse. If we do not agree to your restrictions, you may drop your request or you are free to seek your care from another health care provider.

Your right to Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or certain location. Example: When you are discharged from physical therapy and there is a need for us to contact you, how do you want us to contact you-by mail, e-mail or by telephone, at your place of residence or at work? To request confidential communications, you must make your request in writing to Fruition Therapy LTD. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We will do our best to accommodate any reasonable request.

Your right to a paper copy of this notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Your right to complain. If you believe your privacy rights have been violated, you may file a complaint with Fruition Therapy LTD or to the Secretary of Health and Human Services. We respect your right to file a complaint. While you may make a verbal complaint at any time, written complaints should be sent to us at: Privacy Officer, Fruition Therapy LTD, 319 N Wisconsin Street, Elkhorn, WI 53121.

To contact us. If you would like further information about our privacy policy please contact: Fruition Therapy LTD 319 N Wisconsin Street, Elkhorn WI 53121

Re-disclosure: Information that we use and disclose may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

By signing below, I acknowledge that I have received a copy of this notice.

Patient Signature or Representative

Date