

Notice of Privacy Practices

Compliance Policy

QUALITY THERAPY SERVICES INC.
SMITHFIELD, NORTH CAROLINA

The purpose of this notice is to inform you how medical information about you may be disclosed and used and how to get access to this information. If you have any questions about this notice please call Quality Therapy Services, Inc at 919-989-6594.

This notice informs you of our legal responsibilities and privacy practices and your rights with regard to your protected health information and privacy. This notice outlines the disclosures and uses we will make with your protected health information. We are obligated to comply with the provisions in this notice for all protected health information we maintain. You will be provided with a copy of this notice and sign a statement that it was received and understood.

We are required by law to maintain the privacy of your "protected health information". Identifiable information that we receive from you or others regarding your treatment, health care, or payment is considered "protected health information".

PERMITTED DISCLOSURES AND USES- Your protected health care information may be used for the following reasons: Treatment- to provide, manage, or coordinate your health care services including exchange and consultation of information between your health care providers. Health care operations - in order to carry out business functions related to your services such as payment, responding to questions and complaints, case management, quality reviews, risk management, compliance requirements, management and administrative tasks, business development, clinician reviews, and chart audits. If a third party is involved in your care, we will require a "business associate agreement" if the task involves use of your protected health care information. We will ensure written contracts that protect your privacy and health care information. We may use your protected health information to recommend treatment options and inform you of beneficial products. We may use your address, phone number, and demographic statistics along with services provided to contact you with information about community events, and services that may be of interest. If you do not want to receive this information please notify us. We may ask you to sign a sign in sheet or discuss you in team meetings. We may use your name when calling to schedule appointments with you at the phone number or email address you provide us for contact. Payment-to obtain payment for your services we will need to provide your protected health information to your health insurance company. This may include information needed to obtain authorization, determine eligibility, review services, file claims, or appeal denials.

USES AND DISCLOSURES REQUIRED WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT We may disclose or use your protected health information without authorization in these situations as required by state and or federal law: Required by Law- to the extent that disclosure or use is required by law and will be limited to relevant and compliant requirements of the law. It is required by law that we notify you of any such disclosures or uses. Health Oversight Agency- for tasks authorized by law such as investigations, inspections, and audits. This includes government agencies and programs and regulates our healthcare system and services and civil rights laws. Law enforcement- as required by law enforcement agencies to expedite activities related to legal processes, crime victim information, identification and location, suspicious death, crime location , and medical emergency related to a crime. Communicable Disease- to relay information about communicable disease exposure or risk of exposure. Abuse or neglect- to receive or file reports of child or elder abuse, neglect, domestic violence to the governing agency required to receive this information in accordance with all applicable state and federal laws. Legal proceedings- as required for administrative or judicial proceedings, in response to a court order, tribunal, discovery request, law process, or subpoena. Food and Drug Administration- as required by the FDA to report product defects/deviations, track products, participate in recalls, adverse events, make replacements/repairs, or conduct surveillance or reviews. Public Health- to a public health authority to collect information for the purpose of controlling injury/disability, or disease or if required to by a public health authority. Required disclosures and uses- by law required disclosures

when required by the Secretary of the Department of Health and Human Services to determine compliance with section 164.500 et seq. Research- for required research purposes. Workers' Compensation- to comply with workers' compensation laws and similar programs. Military activity and national security- for activities necessary to determine VA eligibility for benefits or authorized federal officials for conducting national security and intelligence activities and providing protective services. Criminal activity - compliance with applicable law if we believe it is necessary to deter a threat to health or safety of the public or a person or as necessary for law enforcement to apprehend or identify an individual.

USES AND DISCLOSURES THAT MAY BE MADE WITH THE OPPORTUNITY TO OBJECT- We may disclose or use your protected health information in ways that you have the opportunity to object or agree to all or part of your information being used or disclosed. Quality Therapy Services, Inc. in your absence may use our judgment to determine if disclosure and use is necessary, in which case only necessary information would be used. Such situations include the following unless you state an objection: Physician - we may disclose your information to your physician to coordinate care. Others involved in your care- such as a family member, friend, designated caregiver related to provision of your care if we determine it is in your best interest such as your general condition, appointments, safety, or treatment information.

WRITTEN AUTHORIZATION FOR DISCLOSURES AND USES- Any use of your protected health information not defined previously in this document will be used only with your written authorization unless otherwise required by law or described previously. You may revoke authorization in writing at any time except in the situation that Quality Therapy Services, Inc. has already utilized or disclosed the information for purposes previously stated. To authorize or revoke a disclosure or use of your protected health information please contact Quality Therapy Services at 919-989-6594 to obtain an authorization form.

PATIENT RIGHTS RELATED DISCLOSURE AND USES- All of the requests in this section must be made in writing to Quality Therapy Services, Inc. You have the right to: 1. Request in writing restrictions on disclosure of protected health information to your insurance company if you paid for your services in full out of pocket. 2. Request to receive information in an alternative format or location. 3. Request in writing a restriction on disclosure or use of protected health information for payment, treatment or health care operations with the understanding that we are not obligated to agree to the request if governed by other restrictions as stated in this notice. 3. To review and copy protected health information contained in your records with the exception of information for use in a legal proceeding, or governed by law, safety concerns for yourself or others, potential for breach of confidentiality, or if information is contained in records kept by an entity as required by law. Our denial of a request for access to protected health information may occur if it is determined by a qualified professional that the release could potentially cause harm to another person, the information is requested by another person and release could cause harm to you or someone else, or if the access could endanger the life or safety of you or another person. You have the right to have any such denial reviewed under the requirements of applicable law. 4. Request corrections to your protected health information, This request may be denied if the subject of the request was not completed by our company, is not part of your records, is not accurate or complete, or is not available for review. A correction would be added as an addendum and noted that it was a requested correction, rather than the original information being replaced. 5. To review a record of disclosures and uses of your protected health care information made to others with some exceptions such as governed by law or for our company's own use. 6. To be notified of a breach of your protected health information. 7. To request a copy of this notice.

COMPLAINTS- If you have concerns or complaints about the use of your protected health information or feel like your privacy rights have been violated, contact 919-989-6594. A complaint may also be filed with the Secretary of Health and Human Services.

STORAGE AND COMMUNICATION OF PROTECTED HEALTHCARE INFORMATION- Protected healthcare information will be stored on HIPAA compliant EMR and communicated through HIPAA compliant means of communication.