

HIPPA Privacy and Disclosure Notice

This notice describes how health information about you (as a patient of gabel PT + wellness, LLC) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

A. Our commitment to your privacy:

Our practice, gabel PT + wellness, LLC, is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). The terms of this Notice of Privacy Practices apply to gabel PT + wellness, LLC and each of its subsidiaries, affiliates, and entities managed or controlled by gabel PT + wellness, LLC, including the corporate office and its employees. In conducting our business, we will create records regarding you and will share personal health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. Use or disclosure pursuant to this Notice may include electronic transmittal or disclosure of your personal health information. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice or to request a copy of any revised Notice of Privacy Practices may be obtained by e-mailing or phone a request to:

gabel PT + wellness, LLC
Email Address: dani@gabelpt.com
Phone: 414.350.1876

C. We may use and disclose your protected health information in the following ways. The following categories describe the different ways in which we may use and disclose your PHI.

Uses and Disclosures That May Be Made Without Your Consent:

1. **Treatment:** Our practice may use your health information for evaluating your health, diagnosis medical condition, and providing treatment to you. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. Additionally, we may disclose your PHI to

others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from automobile insurer, or from credit card companies that you may use to pay for services. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations:** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. Other examples might include: employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, including compliance reviews, medical reviews, legal services and maintaining compliance programs. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders and Services:** Our practice may use and disclose your PHI to contact you, a family member or friend and remind you of an appointment for treatment at our facility or other health related benefits and services that may be of interest to you. You have the right to request, and we will accommodate reasonable requests by you, to receive communications regarding your personal health information from us by alternative means. If you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests.
5. **Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times, it may be necessary for us to provide your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.
6. **Research:** In limited circumstances, we may use and disclose your personal health information for research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.
7. **Treatment Options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives that may be of interest to you.
8. **Health-related Benefits and Services:** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
9. **Individuals Involved in Your Care or Payment of Your Care:** Unless you object, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with involved individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster

relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you. If you want any of this information restricted, you must communicate that to us using the appropriate procedure.

10. **Other Uses and Disclosures:** We are permitted and/or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization for the following:

- any purpose required to do so federal, state or local law;
- public health activities, such as required reporting of disease, injury, birth and death, or required public health investigations;
- if we suspect child abuse or neglect;
- if we believe you to be a victim of abuse, neglect, or domestic violence;
- to the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls;
- to your employer when we have provided health care to you at the request of your employer;
- to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- in response to a court or administrative ordered subpoena or discovery request;
- to law enforcement officials as required by law to report wounds and injuries and crimes;
- to coroners and/or funeral directors consistent with law;
- if necessary to arrange an organ or tissue donation from you or a transplant for you;
- if you are a member of the military we may also release your personal health information for national security or intelligence activities; and
- to workers' compensation agencies for workers' compensation benefit determination to comply with worker's compensation laws or similar programs.

Uses and Disclosures Based Upon Your Written Authorization:

1. **Psychotherapy Notes:** We must obtain your written authorization for most uses and disclosures of psychotherapy notes.
2. **Marketing:** We must obtain your written authorization to use and disclose your personal health information for most marketing purposes.
3. **Sale of Personal Health Information:** We must obtain your written authorization for any disclosure of your personal health information which constitutes a sale of personal health information.
4. **Other Uses:** Other uses and disclosures of your personal health information, not described above, will be made only with your written authorization. You may revoke your authorization, at any time, in writing, except to the extent that we have taken action in reliance on the authorization.

D. RIGHTS THAT YOU HAVE REGARDING YOUR PERSONAL HEALTH INFORMATION:

1. **Access to Your Personal Health Information:** You have the right to a copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your legal representative. You may obtain a "Patient Access to Health Information Form" from the front office person. If you request a copy of your personal health information you may be charged a nominal fee for copying and postage.
2. **Amendments to Your Personal Health Information:** You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All

amendment requests must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary. You may obtain an "Amendment Request Form" from the front office person or individual responsible for medical records.

3. **Accounting for Disclosures of Your Personal Health Information:** You have the right to receive an accounting of certain disclosures made by us of your personal health information after January 1, 2018. Requests must be made in writing and signed by you or your legal representative. "Accounting Request Forms" are available from the front office person or individual responsible for medical records. The first accounting in any 12-month period is free. You will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.
4. **Restrictions on Use and Disclosure of Your Personal Health Information:** You have the right to request restrictions on uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate. However, we must agree not to disclose your personal health information to your health plan if the disclosure is for payment or health care operations and relates to a health care item or service which you paid for in full out of pocket. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the individual responsible for medical records.
5. **Receive Confidential Communications from us by Alternative Means or at Alternative Locations:** You have the right to request that we communicate with you in a certain way or at a certain location. Your request must be in writing and specify how and where you would like to be contacted. We will accommodate all reasonable requests.
6. **Breaches of Unsecured Personal Health Information:** You have the right to be notified if you are affected by a breach of unsecured personal health information.
7. **Paper Copy:** You have the right to obtain a paper copy of this notice from us.

For Further Information and Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the gabel PT + wellness, LLC at e-mail: dani@gabelpt.com You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.