

# LIGHT THE PATH PHYSICAL THERAPY LLC'S NOTICE OF PRIVACY PRACTICES

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Provider:** Light the Path Physical Therapy LLC  
**Address:** 2041 Huntington Street  
Bethlehem, PA 18017  
**Primary Contact:** Kyle Kasman  
**Phone Number:** 484-781-5341  
**Email:** kyle@lightthepathphysicaltherapy.com  
**Website:** lightthepathphysicaltherapy.com

**This Notice of Privacy Practices is effective as of: 06/11/2023**  
**Most Recent Update: 03/19/2024**

## SUMMARY

This is a summary of how we may use and disclose your protected health information and your rights and choices when it comes to your information. We will explain these in more detail on the following pages.

### Our Uses and Disclosures

We may use and disclose your information as we:

- Treat you.
- Work and communicate with other healthcare providers involved in your care.
- Bill for services.
- Run our organization.
- Do research.
- Comply with the law.
- Work with and communicate with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, or other government requests.
- Respond to lawsuits and legal actions.

### Your Choices

You have some choices about how we use and share information as we:

- Communicate with you.
- Tell family and friends about your condition.
- Provide disaster relief.
- Market our services.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic protected health information.
- Correct your protected health information.
- Ask us to limit the information we share, in some cases.
- Get a list of those with whom we've shared your information.
- Request confidential communication.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe we have violated your privacy rights.

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### **Purpose**

Light the Path Physical Therapy LLC (“**Light the Path PT**”) respects your right to privacy. We are also legally required to maintain the privacy of your protected health information (“**PHI**”) under the Health Insurance Portability and Accountability Act (“**HIPAA**”) and other federal and state laws. We follow state privacy laws when they are stricter or more protective of your PHI than federal law. Unless expressed to the contrary, references in this Notice to “we”, “us” and “our” mean Light the Path Physical Therapy LLC and references to “you” and “your” mean you, the Patient.

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (this “**Notice**”). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

### **Contact**

If you have any questions about this Notice, please contact Light the Path PT at the phone number or address on the first page of the Notice.

### **PHI Defined**

Your PHI:

- Is health information about you:
  - which someone may use to identify you; and
  - which we keep or transmit in electronic, oral, or written form.
- Includes information such as your:
  - name;
  - contact information;
  - past, present, or future physical or mental health or medical conditions;
  - payment for health care products or services; or
  - prescriptions.

### **Scope**

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate.

We follow and our employees and other workforce members follow the duties and privacy practices that this Notice describes and any changes once they take effect.

### **Changes to this Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.

### **Data Breach Notification**

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you within the legally required time frame after we discover the breach. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically. In limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form.

### **Uses and Disclosures of Your PHI**

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose.

### **Uses and Disclosures for Treatment, Payment, or Health Care Operations**

- **Treatment.** We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or hospital

personnel involved in your care. For example, we might disclose information about your overall health condition to physicians who are treating you for a specific injury or condition.

- **Payment.** We may use and disclose your PHI to bill and get payment from health plans or others. For example, we share your PHI with your health insurance plan so it will pay for the services you receive.
- **Health Care Operations.** We may use and disclose your PHI to run our practice and improve your care. For example, we may use your PHI to manage the services you receive or to monitor the quality of our health care services.

### **Other Uses and Disclosures**

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). For example, these other uses and disclosures may involve:

- **Our Business Associates.** We may use and disclose your PHI to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription services (collectively, “**Business Associates**”). The law requires Light the Path PT Business Associates and their subcontractors to protect your PHI in the same way we do. We also contractually require these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Legal Compliance.** For example, we will share your PHI if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.
- **Public Health and Safety Activities.** For example, we may share your PHI to:
  - report injuries, births, and deaths;
  - prevent disease;
  - report adverse reactions to medications or medical device product defects;
  - report suspected child neglect or abuse, or domestic violence; or
  - avert a serious threat to public health or safety.
- **Responding to Legal Actions.** For example, we may share your PHI to respond to:
  - a court or administrative order or subpoena;
  - discovery request; or
  - another lawful process.
- **Medical Examiners or Funeral Directors.** For example, we may share PHI with coroners, medical examiners, or funeral directors when an individual dies.

- **Workers' Compensation, Law Enforcement, or Other Government Requests.** For example, we may use and disclose your PHI for:
  - workers' compensation claims;
  - health oversight activities by federal or state agencies;
  - law enforcement purposes or with a law enforcement official; or
  - specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.
- **Students.** Student/interns in rehabilitation or health service related programs work in our facility from time to time to meet their educational requirements or to get health care experience. These students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by any student or intern. If you do not want a student or intern to observe or participate in your care, please notify your provider.
- **Appointment Reminders.** We may use and disclose Information in your medical record to contact you as a reminder that you have an appointment. We usually will call you at home the day before your appointment and leave a message for you on your answering machine or with an individual who responds to our telephone call. However, you may request that we call you only at a certain number or that we refrain from leaving messages and we will endeavor to accommodate all reasonable requests.
- **Treatment Options.** We may use and disclose your health information in order to inform you of alternative treatments.
- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. In face-to-face communications, such as appointments with your provider, we may tell you about other products and services that may be of interest to you.
- **Newsletters and Other Communications.** We may use your personal information in order to communicate to you via newsletters (including electronic newsletters – subject to applicable anti-spam laws), mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.
- **Marketing.** In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with promotional gifts of nominal value and market services or products to you in face-to-face communications. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.
- **Fundraising.** We may use certain information (name only, address, telephone number, date of service, age and gender) to contact you as part of fundraising efforts our practice

participates in. If you do not wish to be contacted about our fundraising activities, please notify us or our privacy officer.

- **Research.** We may disclose your health information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us and we will make reasonable efforts to follow your instructions.

You have both the right and choice to tell us whether to:

- Share information, such as your PHI, general condition, or location, with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation, such as to a relief organization to assist with locating or notifying your family, close friends, or others involved in your care.

We may share your information if we believe it is in your best interest, according to our best judgment, and:

- If you are unable to tell us your preference, for example, if you are unconscious.
- When needed to lessen a serious and imminent threat to health or safety.

### **Uses and Disclosures that Require Authorization**

In these cases we will only share your information if you give us written permission:

- Marketing our services.
- Selling or otherwise receiving compensation for disclosing your PHI.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you (“**Right to Request**

**Access**”). Alternatively, you may request a summary of your PHI or an explanation of your PHI. Some clarifications about your access rights:

- we may require you to make access requests in writing;
- we may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request;
- you may request that we provide a copy of your PHI to a family member, another person, or a designated entity. We require that you submit these requests in writing with your signature, and clearly identify the designated person and where to send the PHI;
- you may request that we direct a copy of your PHI to a third party of your choice on a standing, regular basis. We require that you submit these requests in writing;
- if you request a copy of your PHI, we will generally decide to provide or deny access within 30 days, however, if we cannot act within 30 days, we will give you a reason for the delay in writing and when you can expect us to act on your request; and
- we may deny your request for access in certain limited circumstances, however, if we deny your access request, we will provide a written denial with the basis for our decision and explain your rights to appeal or file a complaint.

**Make Amendments.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate by submitting a request in writing. The request must specify the inaccurate or incorrect PHI, and provide a reason that supports your request.

- **Request Additional Restrictions.** You have the right to ask us to limit what we use or share about your PHI (**right to request restrictions**). You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. We may require that you submit this request in writing. For these requests:
  - we are not required to agree;
  - we may say "no" if it would affect your care; but
  - we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.
- **Request an Accounting of Disclosures.** You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:
  - we will respond no later than 60 days after receiving the request. We may ask for an additional 30 days during this 60-day period, but if we do, we will only do it once,

provide a written statement of why, and indicate the date by which we intend to send the response;

- we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make; and
- we will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months of the previous accounting. We will notify you about the costs in advance and you may choose to withdraw or modify your request at that time.
- **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will confirm the person has this authority and can act for you before we take any action.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address. For these requests:
  - we will not ask for the reason;
  - you must specify how or where you wish to be contacted; and
  - we will accommodate reasonable requests.
- **Make Complaints.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
  - directly with us by contacting us at the address set forth on the first page of this Notice. **All complaints must be submitted in writing;** or
  - with the Office for Civil Rights at the US Department of Health and Human Services by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).