

North Star Manual Therapy, Inc.
HIPAA Compliance

HIPAA, The Health Insurance Portability and Accountability Act was enacted by Congress to protect your personal health information. It is a set of regulations about how healthcare information is stored, shared, and how disclosures are made. It is intended to protect your private medical information. The State of Texas and the Texas State Board of Physical Therapy Examiners code of ethics have long established standards, which in most cases meet and in some cases exceed HIPAA standards. This office has and will continue to comply with all ethical and legal guidelines in the state of Texas and that apply to Physical Therapy practice, and with the newly enacted Federal HIPAA regulations.

The following outlines circumstances in which your personal health information may be used:

1. In accordance with HIPAA, your information may only be released with your consent.
2. Your demographic information as well as diagnosis is used in secure billing. Billing staff is informed of dates of service, diagnosis, and your demographic information only.
3. All of our sessions will become part of your clinical record. Our communication is privileged. I will keep confidential anything you say to me, with the following exceptions: a) You authorize me to tell someone else, as in the case with insurance reimbursement, or consultation with another professional, b) I am ordered by the court to disclose your information, c) If during a session I become aware that there is physical abuse, sexual abuse, or neglect to a child or an aged adult, I am required to report to the State of Texas Protective Services. d) I must also disclose to the proper authorities if there has been sexual abuse perpetrated by a minister or therapist, or if there has been a life threatening felony unreported. I keep your client file in locked storage. I maintain records for a period of seven years for adults and seven years beyond the age of 18 for children. All electronic data is password protected.
4. In the event any unpaid balances for services of your patient account have not been taken care of within 180 days, the unpaid balances will be turned to a professional collection service.
5. To ensure that I am providing quality of care, the PT Board may from time to time audit me. In the event of this, the PT Board may request access to your chart to ensure that essential paperwork is enclosed such as initial assessment, visit log, demographic information, client contract, explanation of confidentiality, treatment plan and discharge notes.
6. I may hire a medical professional to audit charts to prepare for such mentioned audits and/or to provide support services as needed. No other Quality Improvement etc. will be performed on your file, by anyone other than myself. Any business agent; such as a medical billing service, medical secretary, or auditor are bound to strict confidentiality and are punishable by law for any infringement upon confidentiality clauses.

Thank you for choosing me as your provider. I appreciate the trust and the opportunity to work with you. If you have any questions, please feel free to speak with me. Please ask questions. Once you have read and have an understanding of the above information on health insurance claims and HIPAA please sign and date.

Client Signature or Legal Guardian

Date

Printed Name

Relationship to Client

If you have any further questions regarding HIPAA you may visit www.hhs.gov/ocr/hipaa or call directly [1-866-627-7748](tel:1-866-627-7748) or email questions to ocrprivacy@os.dhhs.gov