

**CORE PERFORMANCE LLC.**  
Doing business as CorePhysio  
**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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

**OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 1, 2013, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that

you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.04 for each page, and a \$23.00 clerical fee for staff time to copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Janis Wolfe, Director of Operations Telephone: 360-752-2673 ext 203 Fax: 360-752-0271

## CorePhysio Financial Policies & Practices

Thank you for choosing CorePhysio as your provider. You have invited us to be a guest on your wellness journey and we take that very seriously. In order to serve you in the best way possible, we ask that you review the following policies and practices *before* your first appointment. This statement is posted at check-in and check-out, available upon request, and may also be viewed or downloaded from our website, [www.corephysiopt.com](http://www.corephysiopt.com).

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### We want you to be successful and meet your goals in physical therapy! Are you ready to be all in?

**100% attendance yields great results:** We ask your commitment to review, reschedule if needed, and attend 100% of your scheduled appointments. The most expensive thing about health care is having a talented team waiting in a well-equipped, lovely space for a client who doesn't show up. We love our jobs, love treating clients, and want very much to help you meet your goals!

**Rescheduling appointments:** We are happy to reschedule any appointments with notice provided by noon the day prior to the appointment, to help give us time to offer the appointment to another client on our wait list.

**Cancellations:** Any appointment not canceled by noon the day before the appointment will incur a \$50 fee.

**Missed appointments:** If you fail to attend an appointment, you will be charged a \$50 fee. Because each missed appointment is a missed step in your wellness journey, we recommend getting into the habit of confirming your next appointment upon each check-in so you can reschedule in advance to a time that is convenient for you.

**What if it's an emergency?** We are kind, discerning people. You can call us anytime, including after business hours; just leave a message stating your name, appointment date and time, and reason for canceling.

**PT can change lives when clients are fully engaged in their care.**

**Clients who miss or cancel 2 or more appointments within a course of care may be transitioned to same-day appointments only.**

**Thank you for honoring your therapist's time and your own.**

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### Payment Policy

**We want to make doing business with us easy.** We bill all contracted insurance carriers, but to do so you must provide insurance information at, or prior to, your first visit; if you forget to bring your insurance information, payment may be required at the time of service. Copays are due at the time of service. Clients with unmet deductibles will have the opportunity to contribute a deposit towards the costs of each visit at the time of service.

**You are ultimately responsible for the timely payment of your account.** Statements are mailed monthly and are due upon receipt. We accept payment by cash, check, and most major credit cards. We understand clients may occasionally experience financial challenges; if you wish to discuss a payment plan, please contact our Business Office at 360-752-2673. We are here to help.

### Insurance Billing Policy

We bill insurance based on the information you provide on your client intake packet. You are responsible for notifying our billing office of changes to your insurance (i.e., payer, group number, member ID, etc.) at least 14 days before the change becomes effective. Charges for appointments scheduled and attended during a coverage change or lapse will be your responsibility. Your insurance policy is a contract between you and your insurance company and you are responsible for understanding your benefit coverage, limits, requirements, maximums, and for tracking your utilization of benefits. Benefits quoted by your insurance are not a guarantee of payment. Please be aware that some services provided may be non-covered based on your particular policy and/or not considered reasonable and necessary under the Medicare Program or other medical insurance.

### Usual and Customary Rates

CorePhysio is committed to providing the best treatment for our clients and we charge what is usual and customary for our area, basing our fee schedule on the Washington State Department of Labor & Industries policies. You are responsible for payment regardless of any automobile or non-contracted insurance company's determination of usual and customary rates.

### Medicare Clients

If your total therapy costs **reach a certain amount**, which is updated by Medicare annually, Medicare requires us to confirm that your therapy is medically necessary. Medicare pays for physical therapy as long as it is medically necessary.

### **Motor Vehicle Accidents**

Automobile insurance companies cover physical therapy benefits as long as you have Personal Injury Protection (PIP) available on your open PIP claim. We attempt to verify if PIP is available for every claim; however, the payers are legally limited in what information can be disclosed to us. It is therefore your responsibility to know and understand what benefits are covered. We will continue to bill your auto insurance until we receive notification your PIP benefits have exhausted, at which time financial responsibility shifts to you. If you have health insurance, we will bill for treatment provided we have complete information and authorization to do so. You are responsible for obtaining preauthorization for services, where required, before we bill your health insurance.

### **Workplace Injuries**

Workplace injury claims are managed by independent entities with specific requirements and guidelines. We require authorization that the occurrence has been accepted as a workers' compensation claim prior to treatment. Your course of care must adhere to the visit and treatment limits outlined by the claims manager/prescribing physician. You may choose to proceed with PT before your claim is open by paying privately for services.

### **Minor Clients**

The parent or guardian (guarantor) accompanying a minor is responsible for full payment after insurance has paid their portion. Physical therapy will be provided with the consent and signature of the parent or guardian at the initial evaluation. Copays are due at the time of service and may be paid in advance by phone or in person before the end of the business day.

### **Collections**

You are ultimately responsible for the timely payment of your account. If you'd like to discuss a payment plan, contact our business office so we can help before your balance starts to accrue. If you have a remaining balance after 120 days, your account may be placed for outside collection. Any and all fees associated with the collection process are your responsibility.

### **Email Disclosure**

By providing CorePhysio with your email address, you are allowing us to share information with you about our company and services. We do not share email addresses with any third party. If you request that we communicate information to you via email about your health, medical records, diagnosis, treatment, appointments, financial details or other personal information, you do so with the understanding that any electronic communication carries a risk of release of information. While our internal equipment, technology and processes comply with federal HIPAA standards, we cannot control how the information is handled once it leaves our network.

### **How to Contact Us**

Our helpful staff in the business office are happy to answer any questions you may have, or clarify any of the above information; you may reach them at 360-752-2673.