

# The Physical Therapy Experience


## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Background: In 1996, congress recognized the need for national patient privacy standards as part of that Health Insurance Portability and Accountability Act, abbreviated as HIPPA, ordered that a set of rules be established to control how health information is used and disclosed, as maintained by doctors, hospitals, and health plans. Health information is considered sensitive and personal, and the law establishes consumer protection and limits the sharing of such information.

### 1) Uses and Disclosures Required by Law:

- By the law, consent is not required to disclose health information to other providers who have referred you for services or are involved in your care.
- Additionally, none is needed to disclose health information to your insurance company, including Medicare, so payment can be obtained for services rendered.
- We may share some of your personal health information with a family member or friend involved in your care if you do not object.
- We may use your personal health information in an emergency situation when you may not be able to express yourself.
- We may use or disclose your personal health information for research purposes if we are provided with specific assurances that your privacy will be protected.
- We may also disclose your personal health information when we are required to do so by law, for example by court order or subpoena.
- Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions.
- We may use and disclose health information about you to avert a serious threat to your health or safety or the health or safety of the public or others.
- If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities.
- We may also release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness.
- Your authorization is required before your personal health information may be used or disclosed by us for other purposes.

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### 2) Your Privacy Rights:

- You have the right to request how your personal health information is used; however we are not required to agree with your request. If we do agree, we must abide by your request.
- You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing.
- You have the right to request an amendment be made to your personal health information, if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree that will become part of your record. We may not amend parts of your medical record that we did not create.
- If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services.

### Our Duty to Protect Your Privacy

We are required to comply with the federal health information privacy regulations by maintaining the privacy of your personal health information. These rules require us to provide you with this document, our Notice of Privacy Practices. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us.

### Privacy Contact

If you would like more information about privacy practices or to file a complaint you may contact:

Office for civil rights  
U.S Department of Health & Human Services  
26 Federal Plaza- Suite 3313  
New York, New York 10278  
Tel: (212) 264-3313  
TDD: (212) 264-2355  
Fax: (212) 264-3039

This office has always recognized the importance of privacy.  
This new federal law formalizes practices that have been followed routinely.

I HAVE READ AND UNDERSTOOD THE INFORMATION STATED ABOVE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_