

ACT Physical Therapy

(Please print form and sign)

NOTICE OF PRIVACY PRACTICES

Effective January 2, 2006

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.

INTRODUCTION

At **ACT Physical Therapy** we are committed to treating and using protected health information about you responsibly. We maintain protocols to ensure the security and confidentiality of your personal information. Within our practice, access to your information is limited to those who need it to perform their jobs.

This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective January 2, 2006, and applies to all protected health information by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit **ACT Physical Therapy**, a record of your visit is made. Typically this record contains your symptoms, examinations and test results, diagnoses, treatment and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:

- Basic for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal documents describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this states and nation.
- A source of data for our planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why offer may access your health information, and make more informed decisions when authorizing disclosures to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of **ACT Physical Therapy**, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, and healthcare operations and as to disclosure permitted to persons, including family members involved with your care. However, we are not required by law to agree to a requested restriction.
- You have the right to obtain a paper copy of this notice of information practices upon request.
- Except under certain legal circumstances, you have the right to inspect and request a copy of your health record. You do not have the right to free copies of your record. We may charge a responsible fee for copying your records.
- If you believe that information in your records is incorrect and incomplete, you have the right to request that we amend your health records. However, we are not required by law to agree to a request to amend your health record. We will notify you if we are unable to grant your request.
- You have the right to request communication of your health information by alternate means or alternate locations. For example. You may ask that we only contact you at home or through post office box. We will accommodate reasonable requests.
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

WRITTEN REQUESTS SHOULD BE DIRECTED TO THE ADDRESS AT THE TOP OF THIS NOTICE.

OUR RESPONSIBILITIES

ACT Physical Therapy is required to:

- Maintain the primary of your health information.
- Provide you with notice as to our legal duties and provide practices with the respect to information we collect and maintain about you.
- Abide by the term of this notice.
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change we are not required to notify you, but we will have the revised available for your request.

We will not use or disclose your health information without your written authorization, except as described in this notice or permitted by law.

EXAMPLES OF DISCLOSURES

The following categories describe different ways that we use and disclose medical information.

We will use your health information for treatment.

For example: information obtained by a Physical Therapist, LPTA, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your medical information will be shared among health care professionals involved in your care.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer such as an insurance company for an HMO. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, the medical procedures performed on you, and supplies used in taking care of you.

We will use your health information for regular health care operations.

We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial, legal and quality improvement activities that are necessary to run our practice and support the core functions.

Appointment Reminders

We may disclose medical information to provide appointment reminders (e.g., contacting you with the phone number you have provided us and leaving a message as an appointment reminder).

Descendants'

Consistent with applicable law, we may disclose health information to a coroner, medical examiner or funeral director.

Workers Compensation

We may disclose health information to the extent authorized by the necessary to comply with laws relating to worker compensation or other similar programs established by law.

Public Health

As required by law, we may disclose your health information to a public health or legal authorities charged with preventing or controlling disease, injury, or disability.

As Required by Law

We may disclose health information as disclosed by law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process, or complying with health oversight activities such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.

Specialized Government Functions

We may disclose health information for military and veterans' affair or national security and intelligence activities.

Personal Representative

We may disclose information to your personal representative (person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care).

To Avert A Serious Threat to Health/Safety

We may disclose health information when we believe in good faith that it is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.

Communication with Family, Unless you Object

Health professionals, using their best judgment, may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may notify these individuals of your location and general condition.

Disaster Relief, Unless You Object

We may disclose health information about you to an organization assisting in a disaster relief effort.

I have read the above privacy notices and have been offered a copy if I so choose.

Signature

Date