



## 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.

### OUR COMMITMENT TO YOUR PRIVACY

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at our office and that are otherwise brought to our attention. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office's personnel.

**USES AND DISCLOSURES:** We will use and disclose elements of your protected health information in the following ways without your signed authorization:

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals (including athletic trainers, massage therapists, and acupuncturists) for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

**Payment:** Your health information may be used to seek payment from your health insurance company, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. If necessary, information may be used for an outside collection agency to collect any balance due to this facility.

**Health Care Operations:** Your health information may be used as necessary to support the day-to-day activities and management of Personal Best Physical Therapy, LLC.

**Law Enforcement:** Your Health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

**Appointment Reminders:** Our practice may use and disclose your personal health information to contact you to remind you of a scheduled or missed appointment. We will also use your health information to confirm your first appointment with this facility.

### OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.



**Individual Rights:** You have certain rights under the federal privacy standards. These include the right to:

- Request restrictions on the use and disclosure of your protected health information. This must be done in writing, dated and signed by you.
- Receive confidential communications concerning your medical condition and treatment by alternate means. This must be described in writing and signed and dated by you.
- Inspect or receive copies of your protected health information. This requires a signed and dated request and payment for the copies.
- Amend or submit corrections to your protected health information. This must be a signed and dated request that we are not required to grant.
- Receive an accounting of how and to whom your protected health information has been disclosed. This must be a signed and dated request.
- Receive a printed copy of this notice at your request.

**Duties of Personal Best Physical Therapy, LLC:** We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices:** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Complaints:** If you would like to submit a comment or complain about our privacy practices, you can do so by sending a letter outlining your concerns to Personal Best Physical Therapy, LLC. If you believe that your privacy rights have been violated, you should call the matter to our attention or may also contact the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

**Effective Date:** This notice is effective on or after July 1, 2015.