

PHYSICAL THERAPY ASSOCIATES, LP
3838 50th Street
Lubbock, TX 79413

NOTICE OF PRIVACY INFORMATION PRACTICES

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

Our commitment here at Physical Therapy Associates, LP is to serve our customers with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

We understand that medical information about you and your health is personal, and we are committed to protecting this information. We create a record of the care and services you receive, and need this record to:

- plan your care and treatment;
- communicate with the many health care professionals who might be involved in your care;
- provide a means by which you or a third-party payor can verify that services billed are actually provided;
- provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care at this office. It tells you about the ways we may use and disclose medical information about you, and also tells you about your rights regarding that information

By law, we are required to:

- Make every effort to insure that medical information that identifies you is kept private;
- Give you this Notice regarding your legal duties and privacy practices concerning medical information about you, and;
- Follow the provisions of the Notice that is currently in effect

This notice takes effect April 14, 2003 and will remain in effect until we change it.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU.

There are different ways that we use and disclose medical information about you. Although examples are provided where appropriate, it is impossible to list every use or disclosure in each category. However, all the ways we are permitted to use and disclose information will be in one of the categories.

- **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, technicians, therapy specialists, workers compensation programs, or other personnel who are involved in your health care.
- **Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, attorney, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.
- **Health Care Operations.** We may use or disclose your health information in order to support the business activities of our practice. These may include, but are not limited to the necessary administrative, educational, quality assurance, and business functions.

USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS.

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in the next section of this Notice.

- **Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.
- **Family Members and Friends.** We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures.

For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION

- As required by law
- Emergencies
- Military activity and national security

USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION.

Except for the purposes identified in the sections noted above, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding your health information.

You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the Business Manager. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from the Business Manager or Privacy Officer.

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend that information.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health information made by us.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will maintain a copy of the current notice at the Front Desk of the clinic. You will be asked to sign a form acknowledging that you have received a copy of this Notice.

We here at Physical Therapy Associates, LP are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

Should you ever believe your privacy rights have been violated, we request you file a complaint with our Privacy Officer, Liesl Olson, PT. You may also register your complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. As part of our commitment to you, we value your privacy and take every precaution in our practice to preserve your right to that privacy. Any complaint you file will be used strictly to improve our operating procedures and in doing so, you will not be retaliated against for filing a complaint.

Physical Therapy Associates, LP Acknowledgement of Receipt of Notice of Privacy Practices

I have reviewed the Notice of Privacy Practices, which explains how my medical information will be used and disclosed. By signing below, I acknowledge that I have read and understand the above and understand my rights to privacy of Protected Health Information.

Printed Patient Name

Patient Signature/Legal Representative

Date

Relationship of Representative

