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.

Uses and Disclosures of Your Health Information

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluations will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurance, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of APEX Physical Therapy. For example, information on the services you received may be use to support budgeting and financial reporting, and activities.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable disease to the state's public health department.

Other Uses and Disclosures Require Your Authorization. Disclosure of your health information or its use for any purpose other than those listed above required 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 or information that occurred before you notified use of your decision.

Additional Uses of Information.

Appointment Reminders. Your health information will be used by our staff to send you appointment reminders

Information About Treatments.
Your health information may be used to send you information on the treatment and management of you medical condition or new technology that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Your Health Information Rights

You have certain rights under the federal privacy standards. These include:

- ✓ The right to request restrictions on the use and disclosure of your health information
- ✓ The right to receive confidential communications concerning your medical condition and treatment
- ✓ The right to inspect and copy your health information
- ✓ The right to amend and/or submit corrections to your health information
- ✓ The right to receive and accounting of how and to whom your health information has been disclosed
- ✓ The right to receive a printed copy of this notice

Our Health Information Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide the privacy policies and practices that are outlined in this notice.

Our Right To Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. If you would like a copy of this form, please see the front desk. Thank you!

Patient Name: (Signature)_____

Patient Name: (Print) _____

Date:_____