

NOTICE OF PRIVACY PRACTICES

This notice applies to the information and records we have about your health, health status, and the health care and services you received at this office. Your health information may include information created and received by this office, it may be in the form of written or electronic records or spoken words, and it may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information. We are required by law to give you this notice. It will tell you about the ways in which we use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

We may use and disclose health information for the following purposes: *For Treatment.* We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as telephoning your doctor and getting needed information. Family member and other health care providers may be part of your physical therapy outside this office and that may require us to provide information about you. *For payment.* We may need to disclose health information about you in order to bill your health plan or insurance company or other third party for your treatment in this clinic. We may also need to tell your health plan or insurance company about a treatment you are going to receive in order to obtain prior approval, or to determine whether your plan will pay for the treatment.

We may use or disclose health information about you for the following purposes, in accordance with the requirements and limitations of state and other law: *To Avert Serious Threat to Health or Safety.* We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. *Required By Law.* We will disclose health information about you when required to do so by federal, state or local law. *Military, Veterans, National Security and Intelligence.* If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. *Worker's Compensation.* We may release health information about you for workers' compensation or similar programs. *Public Health Risks.* We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report suspected abuse or neglect, non-accidental physical injuries or problems with products. *Health Oversight Activities.* We may disclose health information to a health oversight agency for audits, investigation, inspections, or licensing purposes. *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. *Law Enforcement.* We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. *Coroners, Medical Examiners and Funeral Directors.* We may release health information to a coroner or medical examiner. *Non-Custodial Parent.* We may disclose health information about a minor child equally to the custodial and non-custodial parent unless a court order limits the non-custodial parent's access to the information.

You have the following rights regarding health information we maintain about you: *Right to Inspect and Copy.* You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to Tyler Physical Therapy in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review. *Right to Correct.* If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request a correction as long as the information is kept by this office. To obtain this accounting, you must submit your request in writing. *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. We are not required to agree to your request. *Right to Request Confidential Communications.* You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. *Right to a Paper Copy of this Notice.* You have the right to a paper copy of this notice at any time. We reserve the right to change this notice, and the current notice will be posted in our office. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services.

By my signature below, I acknowledge receipt of a copy of the Notice of Privacy Practices.

Patient / Legal Guardian Signature

Date