

NOTICE OF PRIVACY PRACTICES HOQUIAM THERAPY SERVICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting information about you. We create a record of the care and services you receive at our clinic. 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 health care clinic.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

For Treatment: We may use medical information obtained about you to provide you with physical or occupational therapy services. We may disclose medical information about you to other therapists, doctors, nurses or technicians who are involved in your care. Information sharing is sometimes necessary to coordinate and facilitate your care. Information that may be requested by this clinic may include but not be limited to physician reports, radiology reports, neurology reports and lab results.

For Payment: We may use and disclose information about you to improve the operation of our clinic. This is necessary to run our practice and improve the quality of the care our patients receive.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care, usually medical and billing records.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

Right to an Accounting of Disclosures: You have the right to request a list accounting for any disclosures of your medical information we have made, except for uses and disclosures for treatment, payment and health care as previously described.

Right to Request Restrictions: You have the right to request a restriction or limitation of the medical information we use or disclose about you.

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. For example, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time.

ACCESSING YOUR RIGHTS

Upon written request to this clinic you may access, inspect or have copied all or portions of your medical records, obtain an accounting disclosures, request restriction and limitations regarding disclosure of your medical information and request confidential communications. Copying charges may apply. Rare and special circumstances may cause your request to be denied. Your records will be provided within 15 days, unless your request is denied.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right 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.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Further details and information regarding the privacy and protection of your health care information are available for your review upon request.

I acknowledge receipt of a copy of this Notice.

Patient or personal representative signature

Date