



NOTICE OF PRIVACY PRACTICES

The purpose of this notice is to describe how your medical information may be used and disclosed and how you can get access to this information. It also explains your rights and certain obligations we have with respect to use and disclosure of your medical information. Please review carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) requires that Restorative Physical Therapy & Rehabilitation provide all patients with a Notice of Privacy Practices.

Restorative Physical Therapy & Rehabilitation is required by law to:

- Make sure your medical information that specifically identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to your medical information
- Obtain acknowledgement of receipt of this notice from you
- Follow the terms of this notice that are currently in effect
- Change the notice only in accordance with federal regulations
- Provide you with an avenue for complaint if your rights are violated

Our Policy and Responsibility with Your Medical Information

We acknowledge that your medical and health issues are both very sensitive and personal. At Restorative Physical Therapy & Rehabilitation, we are committed to both protecting and respecting your information and privacy to the best of our abilities. We create a record of the care that is rendered to you, and of the services that we provide to you, both as means of legal and medical record. This record is necessary to comply with our licensure and legal requirements. This record is held privately and not disclosed unless first authorized by you in writing to protect your privacy.

Your Rights with Respect to Your Medical Record

You have the right to inspect and copy medical information pertaining to your care. This includes both medical and billing records.

To inspect and copy your medical and/or billing records, you must first submit a request to Restorative Physical Therapy & Rehabilitation in writing. With your request, there is a fee for the costs of retrieving, copying, and mailing your records which will be billed to you and/or the requesting party that you have authorized to obtain your records.

If you feel the medical information we have about you is incorrect and/or incomplete, you may ask us to amend your record. This request must be submitted in writing with a thorough explanation and rationale as to why you feel the record is inaccurate or incomplete and is subject to review by the party responsible for documenting the record. There is no guarantee that a change will be made to your

record, but a copy of your request for an amendment then becomes a permanent part of your medical record.

You have the right to an accounting of disclosures. This would be provided to you in a written statement naming all parties to whom your medical record was made available.

You also have the right to request restrictions and confidential communications. With respect to restrictions, you can limit the amount of information that we disclose about the treatment that you have received at our clinic. In order to do so, you must make your request in writing and it must include the following:

1. What information you want to limit
2. Whether you want to limit our use, disclosure, or both
3. To whom you want the limited disclosure to apply

In terms of confidential communications, you have the right to request that we contact you in specific ways, including only at certain locations (for example: only at home) or in a certain manner including mail and/or phone only. To receive confidential communications, you must notify Restorative Physical Therapy & Rehabilitation in writing with specific instructions so that your request can be followed.

How Restorative Physical Therapy & Rehabilitation Uses and Discloses Your Medical Information

The following describes different ways that we are permitted to use and disclose medical information as a health care provider.

For treatment, we may use your medical information to provide you with medical treatment and services. We may disclose information about you to physicians, other clinicians, insurance companies and their representatives, and/or any individual involved in taking care of you.

For payment, we may use and disclose medical information about you so that the treatment and services that we provide you may be billed to and payment may be collected from you, an insurance company, or a third party payor.

To avert a serious threat to public health and/or safety, we can use your medical information to prevent a serious threat to your health and safety and/or of the public (other patients). Any disclosure, however, would be to someone who is qualified and able to remedy the impending situation and/or threat.

For lawsuits and/or disputes, we may disclose information in response to a court or administrative order. We may also disclose information in response to a subpoena, warrant, or by some other lawful process.

If you have any questions regarding our privacy policies, please do not hesitate to ask us for more details.