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## **NOTICE OF PRIVACY PRACTICES FORM**

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully and consult an ALL Therapy representative with any questions.**

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### **1. Uses and Disclosures of Protected Health Information.**

ALL Therapy will use or disclose your Protected Health Information (PHI) as described in this section. Your PHI may be used and disclosed by ALL Therapy, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of ALL Therapy. Following are examples of the types of uses and disclosures your PHI that ALL Therapy is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosure that may be made by our office.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This may include doctors, nurses, technicians, other physical therapists, or other providers who have referred you for services or are involved in your care. For example, we may feel that a patient we are treating for chronic low back pain would benefit from an evaluation by a pain specialist to address pharmacological pain management. The health information we share with the pain specialist would be considered a treatment related disclosure.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include the disclosure of health information to your insurance company, including Medicare and Medicaid, for certain activities before it approves or pays for the health care services recommended, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations:** We may use or disclose, as-needed, your PHI in order to support the business activities of ALL Therapy. These activities include, but are not limited to, quality assessment activities, employee review activities, training of clinical students and staff, licensing, marketing, and conducting or arranging for other business activities. For example, we may disclose your PHI to physical therapy students treating patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may use your name and PHI for patient flow tracking in the office. We may use or disclose your PHI, as necessary, to contact you to remind you of an appointment. We will share your PHI with third party business associates that perform various activities such as billing and transcription.

**Other Special Uses:** ALL Therapy may use your PHI to inform you of our other health-related products and services.

**Uses and Disclosures Required by Law:** The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if you are provided with very specific assurances that your privacy will be protected. We may also disclose your PHI when we are required to do

so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions

We may use and disclose health information about you to avert a serious threat to your health or safety or the health or safety of the public or others. If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities. We may also release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness. Your authorization is required before your PHI may be used or disclosed by us for other purposes.

## **2. Your Privacy Rights**

Following is a description of your rights with respect to your PHI and a brief explanation of how you may exercise these rights.

**Restrictions:** You have the right to request restrictions on how your PHI is used. However, we are not required to agree with your request. If we do agree, we must abide by your request.

**Confidential Communications:** You have the right to request confidential communication from us at a location of your choosing. This request must be in writing.

**Access to PHI:** You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing. Any requests that your medical record be sent to a third party of your choosing must also be made through a written request that clearly identifies the relevant third party and grants express permission to release records to that third party.

**Amendments:** You have the right to request an amendment be made to your PHI, if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree that will become part of your record. We may not amend parts of your medical record that we did not create.

**Accounting of Disclosures:** After April 14, 2003, you have the right to request an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, payment, or health care operations or for which we have obtained authorization.

**Complaints:** If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns.

**Our Duty to Protect Your Privacy:** We are required to comply with the federal health information privacy regulations by maintaining the privacy of your PHI. These rules require us to provide you with this document, our Notice of Privacy Practices. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us.

**I have reviewed and understand the Notice of Privacy Practices for ALL Therapy.**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_