

Institute of Physical Therapy and Fitness

HIPPA 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. PLEASE REVIEW IT CAREFULLY.

(There is a copy of the privacy practices for your personal keeping located on the front desk)

I, _____

Print Name (Guardian, if under 18-if guardian, please specify relation to patient)

have received a copy of Institute of Physical Therapy and Fitness's Privacy Notice.

Signature: _____ Date: _____

This notice of Privacy Practice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care options (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Your Individual Rights:

- A. **Right to Request Additional Resäictioning:** You may request a restriction on our use and disclosure of Protected Health Information for treatment, payment and operations. We will consider additional restrictions carefully but we may not and are not required to agree to a requested restriction. If agreed, we will abide by the restriction.
- B. **Right to Receive Confidenül Communications:** We will accommodate any reasonable written request for you to receive Protected Health Information by alternative means of communication or at alternate location.
- C. **Right to Inspect and Copy Your Records:** You may request, in writing, access to your Protected Health Information in order to inspect or request copies of the records. You may be charged a fee for each copy. Under limited circumstances, as permitted by law, we may deny you access to a portion of your records, for example, when a licensed health care professional feel that such disclosure may cause harm.
- D. **Right to Request an Amendment of Your Records:** You have the right to request that your Protected Health Information maintained by Peak Physical Therapy, be amended in cases where information is erroneous or incomplete and the information originated with a Peak Physical Therapy cover entity.
- E. **Right to Receive Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your information and to whom those disclosures have been made.

- F. Right to Receive a Paper Copy of the Notice: Upon request, you may obtain a copy of this notice, even if you agreed to receive such notice electronically.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a referring physician who provides care to you so that they can see your progress.

Healthcare Operations:

We may use or disclose, as-needed, your protected health information in order to support the business activities of our practice. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting area when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Criminal Activity: Military Activity and National Security: Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

You may revoke this authorization, at any time, in writing, except to the extent that your therapist or the physical therapy practice has taken an action in reliance on the use or disclosure indicated in the authorization.

This notice was published and becomes effective on/or before April 2003.

To access any information covered under this section IV, you may send notice in writing to Peak Physical Therapy Attn, Patient Representative, 7550 Emerald Suite 101, Boise Idaho 83704. Peak Physical Therapy/Institute of Physical Therapy and Fitness, and its covered entities will have sixty (60) days to respond to your request.