

## Notice of Privacy Practices Pioneer Physical Therapy (PPT)

Effective April 14<sup>th</sup>, 2003

**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.**

### Privacy Promise

PPT understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

### Our Privacy Responsibilities

PPT is required by law to:

- Maintain the privacy of your health information
- Provide this notice that describes the ways we may use and share your health information
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain.

### How We Use Your Health Information

When you receive care from PPT, we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

**Treatment** – We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your therapist will share your health information with your doctor to assist in your treatment. Some health records, including some confidential communications with a mental health professional, some substance abuse treatment records, some genetic test results, and some health information of minors may have additional restrictions on the use and disclosure under state and federal laws.

**Payment** – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company or Medicare.

**Health Care Operations** – We use information to improve the quality of care, train staff, provide customer service, manage costs, conduct required business duties, and make plans to better serve our community. For example, we may use health information to evaluate the quality of treatment and services provided.

# —PIONEER—

## PHYSICAL THERAPY, PLLC

### Other Services We Provide

We may also use your health information to:

- Recommend treatment alternatives
- Tell you about health services and products that may benefit you
- Share information with family or friends involved in your care or payment for your care, when appropriate
- Share information with third parties who assist us with treatment, payment, and health care operations. Our business associates must protect your information by following our privacy practices
- Remind you of an appointment (if you do not wish to be reminded, notify the scheduler).

### Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings
- When otherwise required by law
- When requested by law enforcement as required by law or court order
- To reduce or prevent a serious threat to public health and safety
- For workers' compensation or other similar programs if you are injured at work
- For specialized government functions such as intelligence and national security

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

### Your Individual Rights

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction
  - Request that we use a specific telephone number or address to communicate with you
  - \*Request corrections or additions to your health information
  - \*Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003.
- \* Requests marked with a (\*) must be made in writing.

### Our Organization

This notice describes the privacy of PPT and the PPT employees and volunteers at this facility.

—PIONEER—  
PHYSICAL THERAPY, PLLC

I the undersigned have received a copy of Pioneer Physical Therapy's Notice of Privacy Practices.

Signed: \_\_\_\_\_  
Please sign name

Date: \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please Print Name

**\*\*\*Please return this form to our office \*\*\***