

NOTICE OF PRIVACY PRACTICES

FOR HOMER PHYSICAL THERAPY, LLC

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

We may use and disclose your health information including demographic information that may identify you and that relates to your past, present, or future physical or mental health and related health care services.

Uses and Disclosures

Treatment: Your health information may be used and disclosed by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment to you. For example results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

Health Care Operations: We may use your health information to support the business activities of Homer Physical Therapy, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality service at our clinic. In addition, we may use a sign-in sheet at the front desk. Also, we may disclose your health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your health information in the following situations without your authorization. These situations include, as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, legal proceedings, and law enforcement and other required uses and disclosures under law. Your health information MAY BE RELEASED TO WORKER'S COMPENSATION WITHOUT YOUR AUTHORIZATION. THIS IS MANDATED BY LAW. We may also disclose your health information to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500. Other permitted uses and disclosures will be made only with your consent and opportunity to object. We will inform you in writing of any changes to our Privacy Practices.

Individual Rights

You have certain rights under federal privacy standards. These include:

- the right to inspect and copy your health information
- the right to request a restriction of your health information
You may request that any part of your health information not be disclosed to family members or friends who may be involved in your care. Your request, in writing, must state the specific restriction requested and to whom the restriction applies.
- the right to receive confidential communications concerning your medical condition and treatment

- the right to amend or submit corrections to your protected health information
- the right to receive a printed copy of this notice

Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our privacy contact of your complaint. We will not penalize you or retaliate against you in any way for filing a complaint.

Print Name

Signature

Date

HPT Staff Member

Date