



PHYSICAL THERAPY SERVICES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL and STATISTICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your conditions, and providing treatment.

Payment. Your health and demographic information may be used to seek payment from your insurer or from credit card companies that you may use to pay for services.

Appointment reminders. Your demographic information may be used by our staff to call you about your appointments.

Health care operations. Your demographic and/or health information may be used to support budgeting, financial reporting, and activities to evaluate and promote the quality of services provided.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law.

Information about treatments. Your health information may be used to send you information about the management of your medical condition that you may find to be of interest.

Research. Your health information may be used for research purposes if the data does not directly identify you.

Uses and disclosures requiring your authorization

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization.

Individual Rights

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

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in federal and state laws and regulations.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records from our office personnel.

Protected Health Information Privacy Complaints

If you would like to submit a comment or complaint about our privacy practices or believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to:

**Administrator
PHYSICAL THERAPY SERVICES
1810 Tremont
Galveston, Texas 77550**

You will not be penalized or otherwise retaliated against for filing a complaint.

I, _____, have read and agree to the privacy policies as stated above.
(Patient Name)

Patient or Guardian Signature

Date

Witness Signature

Date