



NOTICE OF PRIVACY POLICIES

We keep our patients' financial and health information private as required by law, accreditation standards, and our own policies. This notice explains your rights, our legal duties, and our privacy practices. We use physical, technical, and procedural methods to protect your private information. We share it only with our employees and affiliates who need it to provide service on your account, to do billing, or for other legally allowed or required purposes. Please review these policies carefully.

YOUR FINANCIAL INFORMATION

We collect and use several types of financial information to carry out billing and insurance activities. This may include your demographic, insurance, and coverage information, as well as that of your family. We keep records about your business with our affiliates, others, or ourselves, such as, insurance coverage, premiums, and payment history.

YOUR HEALTH INFORMATION

We only collect, use, and/or communicate information about you for healthcare treatment, payment, operations, or when allowed or required by law to do so. We may use your protected health information for the following:

FOR TREATMENT: We use and disclose information about your personal health information within our treatments and treatment documentation. We may share this information with your referring medical provider.

FOR PAYMENT: We use and disclose information about you to manage your account or benefits and may submit your protected health information to your insurance company, adjustor, lawyer, or other, as indicated by you.

FOR HEALTH CARE OPERATIONS: We may use and disclose information about you within the scope of the practice to better our services and improve operations.

AS ALLOWED OR REQUIRED BY LAW: Information about you may be shared with regulators for audits, licensure, or other proceedings; for administrative or other legal proceedings; to public health authorities; or to law enforcement officers, such as to comply with a court order or a subpoena.

AUTHORIZATION: We will obtain your written permission before we use or share your protected health information for any other purpose, unless otherwise allowed or required by law. You may withdraw this permission anytime in writing. We will then stop using your information for that purpose. However, if we have already used your information based on your authorization you cannot take back your agreement for those past situations.

YOUR RIGHTS

Under privacy regulations as of April 14, 2003, you have the right to:

RECEIVE a copy of the information that we have about you, or correct personal information that you believe is missing or incorrect. If someone else (such as your doctor) gave us this information, we will tell you who, so that you can ask them to correct it.

ASK us not to use your health information for payment or health care operation activities. If you make this request, it will remain your responsibility to provide required information to your payment provider. We are not required to agree to these requests.

RECEIVE a list of disclosures of your health information that we make on or after April 14, 2003, except when: you have authorized the disclosure; the disclosure is made for treatment, payment, or healthcare operations; The law otherwise restricts the accounting.

ASK us not to communicate with you about health matters using reasonable alternative means or a different address, if communication to your home address could endanger you.

COMPLAINTS

If you believe we have not protected your privacy, you can file a complaint with us or with the federal government. We kindly request notice of your complaints so that we may better serve you and other patients. We will not take action against you for filing a complaint.

COPIES AND CHANGES

You have the right to receive another copy of this notice at any time. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy. We reserve the right to change this notice. A revised notice will apply to information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever privacy notice is currently in effect.

We will communicate any changes to our notice through mail and/or our website.

CONTACT INFORMATION

If you want to exercise your rights under this notice, wish to talk with us about privacy issues, or to file a complaint, please contact the office manager directly: 831.475.2565.

PATIENT ACKNOWLEDGEMENT FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby acknowledge that DeWitt Physical Therapy, Inc., has the right to use my protected health information for the above governed approved applications.

Patient Signature: _____

Patient Name: _____ Date: _____