

NOTICE OF PATIENT INFORMATION PRACTICES

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

Effective: 4-14-03

Physicians Physical Therapy Service's LEGAL DUTY

Physicians Physical Therapy Service is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

Uses and Disclosures of Health Information

Physicians Physical Therapy Service uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Physicians Physical Therapy Service may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Physician Physical Therapy Service may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Physicians Physical Therapy Service's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information, you may later revoke that authorization to stop future disclosures at any time.

Physician Physical Therapy Service may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

Patient's Individual Rights

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Physicians Physical Therapy Service will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

For More Information or to Report a Complaint

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Letha Miller or Tamara Galloway, PT (practice owner) at (602) 230-4478. If you are concerned that Physicians Physical Therapy Service may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Privacy Officer at the address listed below. You may also send a written complaint to the US Department of Health and Human Services.

Physicians Physical Therapy Service
Letha Miller, Privacy Officer
PO Box 32490
Phoenix, AZ 85064
Tel. 602 230-4478
Fax 602 230-9962

Office for Civil Rights
Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

**PHYSICIANS PHYSICAL THERAPY SERVICE
PATIENT INFORMATION CONSENT FORM**

I have read and fully understand PHYSICIANS PHYSICAL THERAPY SERVICE (PPTS) Notice of Information Privacy Practices. I understand that PPTS may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that PPTS will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in PPTS's Notice of Information privacy practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Signature

Date

I also authorize PPTS to use my protected health information for targeted marketing, fund raising, and/or solicitation of participation in research studies. I understand I have the right to copy or inspect any information used for these purposes. I also understand this authorization does not affect my consent to use my protected health information for treatment, billing, or operations related to treatment and billing.

Patient Name

Signature

Date