

ALBANY PHYSICAL THERAPY
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.

ALBANY PHYSICAL THERAPY'S LEGAL DUTY

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

USES AND DISCLOSURES OF HEALTH INFORMATION

Albany Physical Therapy uses your personal health information for:

Treatment: Staff members may use your health information to evaluate your health, diagnose and provide treatment. For example, treatment notes will be available in your medical record to all health care professionals who may provide treatment to you or who may be consulted by our staff.

Payment: We may use your health information to seek authorization and/or payment from your health insurance, or from other sources of coverage such as automobile insurance. For example, your insurance company may request and receive information on dates of service, treatment provided and the medical condition being treated.

Health care operations: Your health information may be used as necessary to support the day-to-day activities and management of our office. For example, information on the treatment you received may be used to support financial reporting and activities to evaluate the quality of service we provide to our patients.

In addition, your health information will be used by our staff to contact you with appointment reminders and to reschedule appointments you may have missed.

Albany Physical Therapy may also use or disclose your personal health information without prior authorization for public health purposes. For example, we are required to report certain communicable diseases to the state's public health department. We may also disclose your health information, without your permission, to law enforcement agencies to support government audits, investigations or reporting.

In any other situation, Albany Physical Therapy'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 for any reason, you may later revoke that authorization to stop future disclosures at any time.

Albany Physical Therapy may change its policy at any time. A new Notice of Information Practices will be posted in the waiting room and patient exam areas when changes are made 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. Albany Physical Therapy will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Albany Physical Therapy 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 office manager at the address listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. For further information on Albany Physical Therapy's health information practices, or if you have a complaint, please contact:

Office Manager
Albany Physical Therapy
948 San Pablo Avenue
Albany, CA 94706
Telephone: 510-526-2353 Fax: 510-526-2022

ALBANY PHYSICAL THERAPY

PATIENT INFORMATION ACKNOWLEDGEMENT FORM

I have read and fully understand Albany Physical Therapy's Notice of Information Practices. I understand Albany Physical Therapy 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 and 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 Albany Physical Therapy 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 Albany Physical Therapy's Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name (Please Print)

Signature

Date

PATIENT INFORMATION CONSENT

I authorize Albany Physical Therapy to use my health information to contact me with information regarding *new services, treatment alternatives, and Albany Physical Therapy's open house events.*

I understand that I have the right to revoke this authorization at any time, at which point I will no longer receive marketing information from Albany Physical Therapy. I also understand this authorization does not affect my consent to use my protected health information for treatment, billing, or health care operations.

Patient Name (Please Print)

Signature

Date