

Advanced Physical Therapy Center

Notice of Health Information Practices

Effective Date: 09/23/2013

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

Each time you begin physical therapy treatment at our clinic, a record is made of this encounter. Typically, this record contains medical information from your referring physician, the prescription and other information that you provide to us. In this “Notice of Health Information Practices,” we shall refer to the information contained in your records as your “protected health information” (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Your Health Information Rights, within the limits provided by federal and state laws, you have the right to:

- Request restrictions on certain uses and disclosures of your health information. APTC is not required to agree to a requested restriction except to a health plan if you have paid in full for your services out of pocket;
- Receive confidential communications of your health information. You may request that we communicate with you about your health information by alternative means or at an alternative location;
- Inspect and obtain a copy of your health information, except with regard to psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings. We may require you to pay for this request to cover our costs of copying, labor and postage. We store some of your health information in electronic computer files. We backup our electronic records and employ other precautions to safeguard the integrity of your health information. You may request that your records be delivered in an electronic format as agreed upon.
- Request an amendment to your health information that we have created, except with regard to those portions or your health information that you are precluded from inspecting and copying as set forth above;
- Obtain an accounting of certain disclosures of your health information; and
- Receive notification if a breach of privacy involving your protected health information occurred or if there is more than a low probability that a breach occurred
- Receive a paper copy of this Notice in addition to any electronic copy you may receive.

You may exercise any of the above rights by submitting a written signed letter, detailing your request and mailing or delivering the letter to our clinic. However, we encourage you to call first so that we can help you be as specific as possible with your request. We will promptly provide you with any forms that need to be completed to process your request.

Advanced Physical Therapy Center is required by law to:

- Maintain the privacy of your protected health information and provide you with this notice of our duties and privacy practices with respect to health information we collect and maintain about you; and to notify you should a breach of privacy of your PHI occur.
- Abide by the terms of this notice, currently in effect.
- Notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information; and
- Accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations.

APTC reserves the right to change the terms of this notice. Any amended notice will, as of the effective date, be effective for all PHI maintained by APTC. Should our privacy practices change, we will post a copy of the revised Notice in our clinic, which indicates the effective date of the amended Notice. A paper copy of the revised notice will be made available at each front desk by request. A current copy of the Notice will also be made available on our website.