

Notice of Privacy Practices for Protected Health Information

Why

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes a national privacy standard to protect the privacy of your health information. This standard requires that FREEDOM PHYSICAL THERAPY, LLC. notify you of our Privacy Practices.

Who

All FREEDOM PHYSICAL THERAPY, LLC. employees, staff, contractors and affiliated associates are required to follow the notice.

What

In the process of receiving medical services for FREEDOM PHYSICAL THERAPY, LLC. you will be providing us with personal information such as your name, address, phone number, medical history and insurance coverage information. "Circle of Care" individuals and entities such as your primary care physician, health plan(s), clinics, friends and family may also provide information surrounding your care. This information is considered Protected Health Information (PHI) and is required to be solely used and disclosed for the purpose described below.

How

FREEDOM PHYSICAL THERAPY, LLC. may use and disclose individually identifiable and personal medical information about you for the purposes listed below without additional authorization. If you do provide us with additional authorizations, in writing, you may revoke your authorization, in writing, any time. This will not affect any transactions performed during the authorized time period.

Treat, Payment and Healthcare Operations: FREEDOM PHYSICAL THERAPY, LLC. may use or disclose your health information for the purposes of providing treatment and payment services. In addition, we may also use and disclose your health information for the purpose of healthcare operations. Healthcare operations include but are not limited to reviewing the performance of practitioners and staff, quality assurance, training, certification and accreditation programs and credentialing.

Required disclosures: FREEDOM PHYSICAL THERAPY, LLC. must disclose your health information to the Secretary of Health and Human Services (HHS) and Office of Civil Rights (OCR) regarding our compliance with the HIPAA regulations. Furthermore, we are required to disclose your health information to federal, state or local law enforcement, military authorities, nation security agencies, public health agencies, or other institutions with lawful custody of your PHI.

Business Associates: FREEDOM PHYSICAL THERAPY, LLC. does work with outside individuals and organizations to assist in our day-to day operations. We may disclose health information to these business associates on a need-to-know basis. They are required to protect the confidentiality of your PHI to the same extent as FREEDOM PHYSICAL THERAPY, LLC.

Person's Involved in Care: We may use and disclose health information with persons responsible with your care or may aide in your care about your location, payment, general health, or death. Under emergency situations we will perform these uses and disclosures without your authorization.

Abuse and Neglect: We may disclose health information for cases of abuse, neglect, or domestic violence when required by law or authorized by the patient.

YOUR PATIENT RIGHTS

Access upon request and with limited exceptions FREEDOM PHYSICAL THERAPY, LLC. is required, to disclose and provide copies of your own health information. This request must be made in writing. In order to cover expensed and staff time, a reasonable charge of \$.25 per page plus postage, when necessary, will be made for requested copies of your health information. You may request that your information be provided in a format other than photocopy. We will provide that format, when practical, and extend any additional fees.

Accounting: You are entitled to receive a accounting of all the disclosures of your health information to individuals or organization not involved in your treatment, payment or healthcare operations. The accounting of these disclosures will start on April 14, 2003. And remain accounted for at least 6 years.

Restriction: You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment, and health care operations purposes. Though not required to do so, we will comply with any agreement(s), except in emergency situations, to restrict the use and disclosure of your health information.

Amendment: You may request, in writing that we amend your health information. The request must state the reasons for the request along with a detailed description of the amendment. Under certain circumstances we reserve the right to deny your amendment request.

Alternate Communications: You may request that we communicate with you concerning your health information by alternative means and alternative locations. The request must be in writing and include the specific means, locations, and provide an acceptable clarification on how payment will be addressed.

Paper Format: You have the right to request this form in paper format.

Marketing: We will not use or disclose your health information for marketing purposes, without you're written authorization.

Receipt of Notice of Privacy Practices

Patient Name: _____

I hereby acknowledge that I have read and understand FREEDOM PHYSICAL THERAPY, LLC. Notice of Privacy Practices. If you so choose, you have the right to refuse to sign this acknowledgement.

Date: _____

Patient / Legal Representative Signature: _____

Legal Representative Name (if applicable): _____

Contact Person with whom we may discuss your care and give results.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

May we leave confidential information on voicemail or answering machines listed below?

Home Phone _____ Yes _____ No _____

Work Voicemail _____ Yes _____ No _____

Cell Voicemail _____ Yes _____ No _____

FOR INTERNAL USE ONLY

We were unable to obtain written acknowledgement of our Notice of Privacy Practices. It could not be obtained due to:

- Patient / legal representative refusal to sign.
- The following emergency situation:

- The following communication difficulties:

COMPLAINTS

You may also contact the Secretary of the Department of Health and Human Services for any complaints concerning our privacy practices at:

200 Independence Avenue
Southwest, Room 509F, HHH Building
Washington, DC 20201
Or by email at: orcmail@hhs.gov.

You cannot be penalized or retaliated against by FREEDOM PHYSICAL THERAPY, LLC. for filing