

### **HIPAA COMPLIANCE PRIVACY AND CONFIDENTIALITY**

(This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.)

Although your health record is the physical property of the health care facility, the information in your records belongs to you. You have the following rights:

- You may request that the health care facility NOT use or disclose your health information for a particular related treatment, payment, the facility's general health care operations, and/or to a particular family member, other relative or close friend. Although we will consider your request, please be aware we are no obligation to accept it or to abide by it. For more information about this right, see code 45 of Federal Regulations (C.F.R.)164.522(a). The facility may contact you to provide appointment reminders. You have the right to receive confidential communications of your protected health information. As a caveat please understand that communications between staff and patients during therapeutic exercises may be compromised given the physical plant.
- If you are dissatisfied with the manner which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the health care facility's Privacy Officer. We will attempt to accommodate all reasonable requests. For more information about this right, see 24 C.F.R. 164.522 (b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the periods established by law. If you request copies, the health care facility will charge you a reasonable and cost based fee. For more information, see 45 C.F.R. 164.524. Upon written or verbal request of a patient, a release of records form is to be provided to the patient for his or her signature; this form should be provided to the patient as expeditiously as possible; after receipt of the executed records release, a copy of the requested patient records is to be provided to the patient in the manner designated by the patient; such record copies are to be provided within 14 days of receipt of the executed release and in no case, later than 30 days after receipt of the release.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. For more information, see 45 C.F.R 164.526.
- You may request that we provide you with a written accounting of all disclosures made by us during the time for which you request. Such requests must be made in writing. Accounting will not apply to the following: disclosures made for reasons of treatments, payment or health care operations, disclosures made to you or your legal representative or any other individual involved in your care: disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first account request; any requests thereafter will be charged at a reasonable fee. For more information, see 164.524. No other disclosures or uses of your medical records will be made other than stated in this document without your written authorization, see 164.520 sub (b) sub (ii) (E).
- You have a right to obtain a paper copy of this document.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

If you have any questions and would like additional information, you may contact the health care facility's Privacy Officer.

If you believe that your privacy rights have been violated, you may file a complaint with the health care facility. These complaints must be filed in writing on a form provided by the health care facility. The form can be obtained from the Privacy Officer and returned to the Privacy Officer. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint. There will be no changes in this privacy practice without a written notice provided to you setting forth any change.

HIPPA Compliance Officer: Marcia C. Perretto, PT D.P.T., COMT 561-366-2435 Actify Physiotherapy, LLC

Signature \_\_\_\_\_ Date \_\_\_\_\_