



**S.O.A.R. Physical Therapy**  
**Sports, Orthopedics, & Active Rehabilitation.**

224 Farenholt Avenue UR 1 Building Tamuning, Guam 96913

Phone 671.647-0110 Fax 671.647-0112

Email admin@soarphysicaltherapy.com

**SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES (NPP)**

**Effective Date: 04/03/2003**

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

**WHO WILL FOLLOW THIS NOTICE:**

- Sports, Orthopedics & Active Rehabilitation, Inc. dba S.O.A.R. Physical Therapy

This notice describes our privacy practices. Sports, Orthopedics & Active Rehabilitation, Inc. dba S.O.A.R. Physical Therapy and all its entities, sites, and locations follow the terms of this notice. In addition, Sports, Orthopedics & Active Rehabilitation, Inc. dba S.O.A.R. Physical Therapy and all its entities, sites, and locations may share health information with each other for treatment, payment, or healthcare operations purposes described in this notice.

**OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you and your health care is personal. We are committed to protect your health information. We create a record of care and services you receive from us. We need this record to provide you with quality of care and services you receive from us and to comply with legal requirements. This notice applies to all of the records of your care generated by this healthcare practice, whether made by our physical therapists treating you or other staff members. This notice will tell you about certain obligations we have regarding the use and disclosure of your health information and the ways in which we may use and disclose health information about you.

- **We are required by law to:**
  - Ensure that health information that identifies you is kept private.
  - Give you this notice of our legal duties and privacy practices with respect to health information about you.
  - Follow the terms of this notice that is currently in effect.
- **By coming for care, you give us the right to: use your information and share it with other professionals who are treating you; run our practice, improve your care, and contact you when necessary; bill and get payment from health plans or other entities.**
  - **Other ways we may use and disclose health information about you:**
    - To allow oversight of the quality of healthcare we provide
    - To facilitate workers compensation claims
    - To comply as required by subpoena in lawsuits, legal disputes and various uses as required by law
    - To avert a serious threat to health or safety



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**SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES (NPP)**

Continued

**OUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

- Right to inspect and get an electronic or paper copy of your medical records. There is charge for a copy.
- Right to ask us to correct your medical record that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Right to an accounting of disclosures of those whom we have shared your information with (\*exceptions)
- Right to request restrictions
- Right to request confidential communications
- Right to a paper copy of this notice

Information on how to exercise these rights can be obtained for Julienne Duenas, DPT at (671) 647-0110

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make revised or changed notices effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top center, the effective date. In addition, each time you register for treatment of healthcare services, we will offer you a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Julienne Duenas, DPT. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide you.