

Consent to Treat Notice

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The patient authorizes the Physical Therapist to examine and treat the condition as he/she deems appropriate through the use of physical therapy measures, and the patient gives authorization for these procedures to be performed.

The patient has the right to informed participation in decisions involving his/her health care. This shall be based on clear, concise explanation of his/her condition and of all proposed treatment procedures. All possible risks and/or side effects as well as the probability of success with such procedures shall be disclosed to the patient by his/her attending Physical Therapist. The patient will not hold the Physical Therapist responsible for any preexisting medically diagnosed conditions nor for any medical diagnosis.

The patient has the right to know who is responsible for authorizing and performing any and all treatment procedures.

The patient shall not be subjected to any procedure without his/her voluntary, competent, and understanding consent or the consent of his/her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient shall be advised if the Physical Therapist proposes to engage in or perform human experimentation, for the purpose of research affecting his/her care. The patient has the right to refuse to participate in such research projects.

After reading the above (or having it read to me), I hereby consent to receive physical therapy at Lonestar Physical Therapy & Sports Performance, LLC, commencing on the acknowledgement of Consent to Treat Notice and terminating when determined by myself, my physician or my Physical Therapist.

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Notice of Patient Responsibilities

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THIS NOTICE DESCRIBED HOW PATIENT RESPONSIBILITIES WILL BE COLLECTED.

Copay/Coinsurance Policy. Your copay or coinsurance is due each appointment prior to being seen by a provider.

Self-Pay Policy. Consultation fees are due each appointment prior to being seen by a provider.

Cancellation Policy. Your improvement is dependent upon your commitment to the entire plan of care, including patient education, home exercise program, and in office consultations. We schedule patients and give specific appointment times so that you can conveniently and efficiently make use of your time. We ask that you do the same for us by keeping your appointment schedule.

If you are unable to attend an appointment, it is important to reschedule greater than 24 hours in advance to achieve the outcomes you and your therapist have agreed. Cancellations within 24 hours and no shows will be subject to a \$30 fee.

If throughout the course of therapy, you cancel appointments consistently without rescheduling, we may ask you to discontinue therapy, and we may contact your physician.

If throughout the course of therapy, you No Show or No Call consistently, we may ask you to discontinue therapy, and we may contact your physician.

If you are more than 15 minutes late for your scheduled appointment time, we reserve the right to ask you to reschedule your appointment.

If your plan of care poses a challenge, please let us know, and we will do our best to help you achieve your goals.

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Notice of Privacy Practices

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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.

The Company is required by state and federal law to maintain the privacy of your Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI includes the information and records we have about your health, and the health care services you receive in our facility. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. We will comply with this policy. If you suspect that this policy has been violated, please bring the incident to the attention of our Privacy Officer.

Uses and Disclosures of PHI: The following describes ways we may use or disclose your PHI without your authorization. The examples provided are not exhaustive; however, all uses and disclosures for treatment, payment or healthcare operations will fall into one of these categories.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services or to provide you with medical or physical treatment or services. This includes disclosure of health information to referring providers or others involved in your care. For example, we may provide your physician or other health care provider with copies of evaluations or your records that will assist them in treating you. We may disclose information about you to individuals outside of our facility in order to coordinate your medical care, such as providing prescriptions to a pharmacy, scheduling lab work, or x-rays. We may also share certain information with your family members involved in your care (or with whom you have authorized us to speak) and other health care providers that are assisting in your medical treatment outside of our facility.

Payment: We may use and disclose your PHI to bill you and obtain payment for treatment and services rendered from you, an insurance company, or third party. This may include requests from your health insurance plan for purposes such as: making a determination of eligibility or coverage for insurance benefits, reviewing treatments for medical necessity and performing utilization reviews. For example, a bill submitted to an insurance company may include your name, diagnosis, and details of the treatment you are receiving.

Health Care Operations: We may use and disclose your PHI to support business activities that help run this facility including, but not limited to, quality assessment, associate review, licensing and credentialing, fundraising, business planning, and auditing medical records. For example, we may use your health record to monitor the performance of the staff providing treatment to you. We may disclose your health information to third-party business associates, as necessary, in order for the third party to provide a service to us. A written contract outlining the terms that will protect the privacy of your PHI will be obtained from each business associate prior to the use or disclosure of your PHI.

Treatment Alternatives and Health Related Products or Services: We may use and disclose your PHI to contact you to remind you of your appointments and to provide you with information regarding treatment alternatives or other health-related benefits and services that may be of interest to you. Please notify our Privacy Officer if you would like to request that your information not be used to contact you for these purposes. If you have provided your email address, you may elect to receive this information via email.

Fundraisers: We may use and disclose your demographic information and the dates that you received services to contact you as part of a fundraising effort. If you would like to request that you not be contacted for fundraising purposes, please contact our Privacy Officer and all reasonable efforts will be taken for you to not receive any future fundraising communications.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

Required By Law: We will use and disclose your PHI when required to do so by federal, state, or local law.

Public Health: We may disclose your PHI to public health agencies for activities with the purpose of preventing or controlling disease, injury, or disability; reporting suspected abuse or neglect, non-accidental injuries, reaction to treatment or medication.

Communicable Diseases: We may use or disclose your PHI to contact you or another individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight agencies include the U.S. Department of Health and Human Services (DHHS), and other agencies that oversee the health care system, government benefit programs, regulatory agencies and civil rights laws to perform such activities as audits, investigations, inspections, and licensure.

Abuse or Neglect: We may disclose your PHI to an authorized government authority if we reasonably believe you are the victim of abuse or neglect. We will only disclose information we believe is necessary to prevent serious harm and only to the extent allowed by law or if you agree to this disclosure.

Food and Drug Administration (FDA): We may disclose your PHI to persons or companies under the jurisdiction of the FDA, with respects to quality, safety of effectiveness of FDA-regulated products or activities relative to adverse events, product defects, problems or recalls or to conduct post marketing surveillance.

Legal Proceedings: We may disclose your PHI in response to any judicial or administrative proceeding. We may also disclose your PHI in response to a subpoena, discovery request, court order or other legal process but only if efforts have been made to tell you about the request, giving you the opportunity to pursue an order protecting the information requested.

Law Enforcement: We may disclose PHI for law enforcement purposes including a criminal investigation, and for legal processes for emergency circumstances.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or other duties authorized by law to enable them to carry out their duties. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may disclose your PHI to a researcher when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We will ask your permission if the researcher will have access to your identifiable information such as your name, address, or other information what reveals your identity.

Military Activity and National Security: We may use or disclose PHI of Armed Forces members as required by military command authorities, for determining benefits through the Department of Veteran Affairs and about foreign military personnel to the appropriate foreign military authority. We may also use and disclose your PHI to federal officials concerning national security, intelligence activities, protective services to the President and other activities authorized by; law.

Workers' Compensation: We may use and disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Inmates: We may use and disclose PHI if you are an inmate of a correctional facility to the institution or its agents, the health information necessary for your health and the health and safety of other individuals.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Agree or Object

Others Involved in Your Health Care or Payment for your Care: We may disclose your PHI to a family member, relative, close friend or any other person you identify, information directly relevant to that person's involvement in your care or payment of your care, unless you otherwise object.

Other Uses and Disclosures: Uses and disclosure of your PHI will be made only following your written authorization for purposes other than as described above or as permitted or required by law. You may revoke an authorization in writing at any time and we will no longer use or disclose your PHI as indicated in the authorization except to the extent that we have already acted in accordance with the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The following are your rights regarding your PHI:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI that we use to make decisions about you, including electronic information held in an electronic health record, for so long as we maintain the information. If we do not maintain records of the PHI you requested about yourself, but we know where the information is maintained we will inform you about where to direct your request. You must submit a written request in order to inspect and/or receive a copy of your records. As permitted by federal or state law, we may charge you a reasonable fee to fulfill your request. We may deny your request to inspect and/or copy your records in certain limited circumstances under federal law. If you are denied access to your records, you may request that the denial be reviewed. Your requested review will be conducted by someone other than the person who denied your request.

Right to Request a Restriction: You have the right to request that we not use or disclosure any part of your PHI for treatment, payment or health care operations. You also have the right to request that any part of your PHI not be disclosed to family, relatives, or friends who may be involved in your care or payment for your care or for notification purposes as described in this Notice of Privacy Practices. We are not required to agree to a restriction request except to the extent such disclosure is not otherwise required by law and made to a health plan for purposes of payment or healthcare operations, and you have paid for the services in full and out of pocket. If we do agree to the requested restriction we shall honor that agreement, unless the information is needed to provide emergency treatment. You may request a restriction by contacting our Privacy Officer.

Right to Request to Receive Confidential Communication: You have the right to request that we send you confidential communications about medical matters through an alternative means or at an alternative

location. We will accommodate all reasonable requests without requesting an explanation from you as to the reason for this request. To make a request of this nature, please contact the Privacy Officer.

Right to Amend: You have the right to request an amendment of PHI about you that you believe is incorrect or incomplete. To request an amendment you must send a written request to our Privacy Officer, including a reason that supports your request. We may deny your request for amendment, if you ask us to amend information that: (1) we did not create, unless the person or entity that created the information is not available to make the amendment; (2) is not part of the health information that we keep; (3) you would not be permitted to inspect and copy; or (4) is accurate and complete.

Right to Receive an Accounting of Disclosure: You have the right to receive an accounting of the disclosures we have made of your PHI for purposes other than treatment, payment or health care operations. An accounting of disclosures made through an electronic health record will also account for disclosures for the treatment, payment, and healthcare operations purposes, during the three years prior to your request, at such time as the Secretary of the U. S. Department of Health and Human Services provides regulations addressing this requirement. It may also exclude any disclosures made based on your written authorization and a limited number of special circumstances including for national security, law enforcement, and correctional institutions: To obtain this account, you must submit your request in writing to our Privacy Officer stating the time period for which you want an accounting and not including dates more than six (6) years prior to the request. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations.

Right to Obtain a Paper Copy of This Notice: You have the right to request a paper copy of this notice, even if you have agreed to accept this notice electronically. You may ask us to give you a copy of this notice at any time.

Right to be Notified of a Breach: You have the right to be notified of a breach of your unsecured PHI.

Changes to This Notice: We reserve the right to change the terms of this notice and to make the new provisions effective for the health information we maintain at that time of the change, as well as information we will obtain about you in the future. We will post a copy of the current notice at each of our facilities and on our website with its effective date clearly stated.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

If you seek to file a complaint with us directly, you may submit your complaint to our Privacy Officer at 903-405-4899.

This notice was published and becomes effective October 1, 2022.

**Notice of
Nondiscrimination
and Program
Accessibility**

Notice of Nondiscrimination and Program Accessibility

The Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, noticed origin,, age, disability, sex or Veteran status. We do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or Veteran status in the admission to, or treatment and participation in our programs, services and activities.

Our programs and activities are accessible to and usable by people with disabilities, including people with impaired hearing, speech and vision, and people with Limited English Proficiency.

Our access features include:

- Qualified sign language interpreters for people who are deaf or hearing-impaired people.
- Qualified interpreters for people with Limited English Proficiency.
- Written information in other languages.
- A range of assistive and communication aids to people with impaired hearing, vision, speech, or manual skills.
- Convenient off-street parking designated specifically for people with disabilities.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor.
- Fully accessible offices, meeting rooms, bathroom, public waiting areas, and patient treatment areas, including examining rooms.

All of these aids and features are provided free of charge in the event you need them. If you require any of the aids listed above, please let any staff member know. If you need additional assistance with these services, please inform any staff member of the clinic.

If you believe that we have we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex or Veteran status you can file a grievance with our Chief Executive Officer at 5759 Eagles Nest Blvd., Suite 4, Tyler, TX 75703. If you need help filing a grievance, our Chief Executive Officer is available to help you.

You may also file a civil rights complaint with the U.& Department of Health and Human Services, Office for Civil Rights, electronically available at <https://ocrportal.gov/acr/portal/lobby.jsf>, or by mail or phone at: US Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201. 1-800-368-1019, 800-537-7697 (TDD).

Spanish: **ATENCIÓN:** Si usted no habla inglés, tiene a su disposición servicios gratuitos de asistencia lingüística.