



## **NOTICE OF PRIVACY PRACTICES**

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully. Under federal law your patient health information is protected and confidential.

Patient Health Information (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could be used to identify you and is transferred to another entity or maintained by Theraworx Rehabilitation in spoken, written, electronic or any other form. Your health information also includes billing and payment information.

### **HOW WE USE YOUR PHI:**

Theraworx Rehabilitation may use your health information for treatment, to obtain payment, and for health care operations; including evaluation of the quality of care you receive. Under some circumstances we may be required to use or disclose information without your permission. Subject to certain requirements, we are permitted to give out your PHI without consent for the following purposes:

- **As Required by Law:** We will disclose medical information about you when required to do so by federal or state laws or regulations.
- **Health Oversight Agencies:** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, eligibility or compliance, and to enforce health related civil rights and criminal laws.
- **Lawsuits and Disputes:** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a court order or subpoena.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

- **Request Restrictions:** You may request restrictions on certain uses or disclosures of your PHI. Neither we, nor any Theraworx Rehabilitation clinic or Theraworx Rehabilitation, PLLC are required to agree to your request, but should an agreement be met, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and include 1) what information you want to limit, 2) whether you want to limit our use and/or disclosure; and 3) to whom you want the limits to apply.

- **Inspect and Obtain Copies:** You have the right to inspect and copy medical information that may be used to make decisions about your care. This typically includes medical and billing records. To inspect a copy of your medical information, you must submit your request in writing to us. You can also ask to see or get an electronic copy of information we have about you. Ask us how to do this.

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- **Amend Information:** If you feel that medical information maintained about you is incorrect or incomplete, you may ask us to amend the information. This request does not guarantee a change will be made.

- **Accounting of Disclosures:** You have the right to request a list of certain disclosures of your PHI for reasons other than treatment, payment or health care operations. To request this list you must submit your request in writing to us. Your request must indicate what form you want the list (electronically or paper) and a time period not to exceed six (6 years).

- **Revoke an Authorization:** There are certain types of disclosure that require your express authorization. Theraworx Rehabilitation may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide such authorization, you may revoke it in writing by contacting us.

**CHANGES IN PRIVACY PRACTICES:**

We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. If a change occurs, we will update our notice and make a revised copy available to you in our clinic and on our website. You may request a copy be provided to you by contacting us.

I understand and agree to the patient privacy notice that was presented to me. I also acknowledge that a copy will be made available if I request one.

Printed Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_