

DYNAMIC PHYSICAL THERAPY CHICAGO

Notice of Patient Information Practices

This notice describes how medical information about you may be used or disclosed and how you can obtain access to it. Please review carefully.

Provider's Legal Duty

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) directs health care providers, payers and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information. The federal government has privacy rules, which require that we provide you with information on how we might use or disclose your identifiable health information.

We may disclose your protected health care information (PHI) to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

We may disclose your health information as necessary to comply with State Workers Compensation Laws.

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

We may disclose your health information in the course of any administrative or judicial proceeding.

We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

We may disclose your health information to coroners or medical examiners.

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

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It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

We may disclose your health information for military, national security, prisoner and government benefits purposes.

We may leave a message on an email, text, automated answering device or person answering the phone for the purposes of scheduling appointments. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

We reserve the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice.

You have the right to review or obtain your personal health information at any time. You have the right to request that we change any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information to reason other than treatment, payment or other administrative tasks.

You may also request in writing we no use or disclose your personal health information for treatment, payment and administrative purposes except when specially authorized by you, when required by law or emergency circumstances. Dynamic Physical Therapy Chicago will consider such requests on a case by case basis, but the practice is not legally required to accept them.

We are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please contact us by calling this office at (312) 778-6455.

Complaints about your Privacy rights, or how we have handled your health information should be directed to Meredith Franczyk, PT by calling this office at (312) 778-6455.

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Dynamic Physical Therapy Chicago with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice. Please contact Meredith Franczyk, Owner of Dynamic Physical Therapy Chicago, at 312-778-6455 if you have any questions regarding our policies with your Protected Health Information.