



MARYLAND PHYSICAL THERAPY

Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) describes how Maryland Physical Therapy may use and disclose your health information to initiate treatment, payment, or healthcare operations and for other specified purposes that are permitted or required by law. This Notice also describes your patient rights with respect to your health information. Below is a brief summary of our obligations and your patient rights, followed by a more detailed description.

You have the right to:

- Receive a copy of your paper and/or electronic medical record(s),
- Correct your paper and/or electronic medical record(s),
- Request confidential communication,
- Request to limit the information we share,
- Receive a list of those with whom we’ve shared your information with,
- Receive a copy of this privacy notice,
- Choose someone to act in your behalf,
- File a complaint if you believe your privacy rights have been violated.

You have choices in the way Maryland Physical Therapy uses and shares your information, as we:

- Share your condition with your family and friends,
- Provide disaster relief,
- On rare occasions, Maryland Physical Therapy may ask you to be included in marketing campaigns, however, only with your specific written consent at the time the marketing campaign was created. We will never use your name, information, or likeness without your written permission.

Maryland Physical Therapy may share your information as we:

- Run our organization,

- Provide treatments to you,
- Submit payment requests for our services,
- Help with public health and safety issues,
- Conduct research,
- Comply with the law,
- Respond to organ and tissue donation request(s),
- Work with a medical examiner or funeral director,
- Address workers' compensation, law enforcement, and other federal government requests,
- Respond to lawsuits and legal actions.

Maryland Physical Therapy Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information,
- We will inform you immediately if a breach occurs that we believe may have compromised the privacy or security of your information,
- We must adhere to the duties and privacy practices described in this notice and give you a copy of it.

Changes to the Terms of This Notice:

Maryland Physical Therapy reserves the right to edit this notice, and the changes will apply to all information we have about you. The edited notice will be available upon your request, in our office, as well as our company's website.

Patient's Name (please print): _____

Patient/Authorized Representative Signature: _____

Date: _____

Witness Signature: _____