

# AXIS<sub>PT</sub>

*Orthopedic, Manual and Sports  
Physical Therapy*

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

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### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, or to family and friends you approve.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to any purpose. You also have the right to request restrictions on disclosure of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law or national security activities.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

**PLEASE SIGN THE BACK →**

**PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information with limited exceptions. If you request copies we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

**Amendment:** You have the right to request that we amend your health information.

**QUESTIONS AND 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, please contact Steven A. Grinsted, Privacy Official, at (213) 617-2947. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**PATIENT ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES  
AND CONSENT FOR NECESSARY USE OF  
PERSONAL HEALTH INFORMATION**

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Print Patient's Name Date

I, \_\_\_\_\_, have received a copy  
(Signature of Patient or Parent or Legal Guardian)

a copy of this office's NOTICE OF PRIVACY PRACTICES as required by federal law.

I, \_\_\_\_\_, consent to the use and  
(Signature of Patient or Parent or Legal Guardian)

disclosure of my personal health information by your office Treatment, Billing/Payment and Healthcare Operations as outlined in the Notice of Privacy Practices.