

Angie Peters MPT LLC

Notice of Privacy Practices

ADDITIONAL USES AND DISCLOSES: In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

When Required By Law: We will use and disclose your medical information when we are required to do so by federal, state or local law.

Court Orders and Judicial and Similar Proceedings: We may be required to disclose your medical information in response to a court order or subpoena if you are involved in a lawsuit.

Public Health Activities: As required by law, we may use and disclose your medical information to prevent a serious threat to your health and safety or the health and safety of others.

Military: We will use and disclose your medical information as required by military command authorities if you are serving in the military.

Workers Compensation: We may disclose your medical information to comply with laws relating to workers' compensation programs and other similar legally established programs.

Health Oversight Activities: We may disclose medical information to an agency providing Health Oversight for oversight activities authorized by law, including state insurance departments office of civil rights, dept of health and human services and other authorized activities.

Contractors: Who are our business associates and provide services to us who will be required to protect your medical information.

YOUR INDIVIDUAL RIGHTS

You Have the Right to:

- 1) Inspect or get copies of your medical information that we maintain. You must call our office to schedule an appointment to review your medical information. If you request a copy of the information, we may charge a fee for the cost of copying, or other supplies associated with your request.
- 2) Request that we change your medical information. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information we will make reasonable efforts to tell other, including people you name, of the change and to include the changes in any future sharing of that information.
- 3) Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- 4) Request that we place additional restrictions on our use of disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- 5) Request that we communicate with you about your medical information by different means or to different locations. Your request must be made in writing to **Angie Peters MPT LLC**.
- 6) You are entitled to receive this Notice in written form, and you may request from **Angie Peters MPT** a paper copy of this Notice at any time.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also contact the secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.