



#### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY

#### **Understanding Your Health Information Rights**

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your health record
- Request to amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

#### **Our Responsibilities**

- We are required to:
- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties & privacy practices with respect to your information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment to your record
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations

We reserve the right to change our practices and to make the changes effective for all protected health information we maintain. If our information practices change, we will notify you the next time you come to our office for treatment.

If you have questions and would like additional information or if you believe your privacy rights have been violated, please mail your written complaint to:

Fyzical Therapy and Balance Centers  
Attn: Privacy Officer  
25241 Way Suite 200  
Bonita Springs, Florida 34135

**You may also file a complaint to:**

**Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201**

#### **Examples of Disclosures for Treatment, Payment and Health Operations**

1. We will use and disclose your health information for payment to FYZICAL Therapy and Balance Centers for services provided to you.
2. Your protected health information may be released to other healthcare providers to assist in your care or in case of an emergency.
3. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.
4. We may contact you by phone, mail, or we may leave a message on an automated answering device concerning appointments, verify insurance/demographic information, etc.
5. We may disclose health information for law enforcement purposes as required by law.
6. As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.