

NOTICE OF PROVIDER 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 review it carefully.

Physical Therapy and Rehab Concepts (PTRC) must maintain the privacy of your personal health information and give you notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information yourself, to a provider regarding your treatment, or due to a legal requirement.

Again, without your written authorization, we can use your health information for the following purposes:

- *Treatment
- *Payment
- *Healthcare operations
- *As required by law
- *To those involved with your care or payment of your care

You have several rights in regard to your health information. You may contact Kim Farmer, Privacy Officer.

You can:

- *Inspect and copy your health information
- *Request to correct your health information
- *Request restrictions on certain uses and disclosures
- *Obtain a copy of this notice
- *Contact Privacy Officer

Effective since 4/14/03

By signing this form, you acknowledge that you have read and understand PTRC's privacy practices. A copy is available upon completion of form if requested.

I have read PTRC's Privacy Notice and know that I can discuss my concerns if need be regarding the privacy of my health information.

Patient's Signature

Sign after printing

Date