

## SUMMARY OF NOTICE OF HIPPA PRIVACY PRACTICES

This Summary notice of privacy practices serves to inform you how FYZICAL Therapy & Balance Centers may use and disclose your protected health information (PHI). FYZICAL Therapy creates and maintains a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to protect the health information that identifies you and to inform you of our legal duties and privacy practices.

### USES & DISCLOSURES of PROTECTED HEALTH INFORMATION (PHI) by PATIENT CONSENT

- **Treatment:** We may use PHI to provide you with health care treatment or services. This includes but is not limited to discussions with referring physicians to plan care and treatment.
- **Payment:** We may use and disclose PHI to 3<sup>rd</sup> party or insurance company to obtain benefit information and or obtain prior authorization/ approval for treatment or to justify medical care.
- **Health Care Operations:** We may use and disclose PHI to ensure that you are receiving the highest quality care possible.
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### USES & DISCLOSURES of PROTECTED HEALTH INFORMATION (PHI) as REQUIRED BY LAW

We will disclose PHI about you when required to do so by federal, state, or local law. Such examples are:

- To advert a serious threat to health or safety
- For military personnel or veterans to Dept of Veteran's Affairs
- Supply information regarding Worker's Compensation claims to insurance companies, case managers, or employers
- Public health risks
- In response to a subpoena, court order, or other lawful request
- Health Oversight Agency for activities authorized by Law (audits, investigations, ect)
- Law enforcement requests
- Coroners or Health Examiners
- National Security & Intelligence Agencies
- Protective Services for the President and others

### YOUR RIGHTS as a PATIENT to your PROTECTED HEALTH INFORMATION (PHI)

You have the following rights:

- To inspect and copy your medical records
- To request an amendment to your medical records, although FYZICAL Therapy & Balance Centers are not required by law to change your medical records
- To request an accounting of the disclosures that FYZICAL Therapy & Balance Centers have made
- To request restrictions or limitations to you PHI
- To request confidential communications
- To obtain a copy of this notice at any time

*\*for all request, please note that FYZICAL Therapy & Balance Centers has 30 days to respond to your request and reserves the right to charge a processing/ copy fee.*

### COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the privacy officer at 941-417-8300. All complaints must be submitted inwriting. You can not be penalized for filing a complaint.

### CHANGES TO THIS NOTICE

FYZICAL Therapy & Balance Centers has the right to change this notice at any time. We reserve the right to make the revised notice effective for health information we already have about you as well as information we receive in the future.

### CONSENT to USE & DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

*By signing this document, I agree to truthfully, completely, and correctly provide all requested information to FYZICAL Therapy & Balance Centers. Additionally, I am giving consent to FYZICAL Therapy & Balance Centers to use and disclose my PHI for treatment, payment and health care operations.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please indicate if self, guardian, or power of attorney