



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 review it carefully.

Our commitment here at Results Physical Therapy is to treat our patients with professionalism and compassion being sure at all times to protect the privacy and security of all protected health information.

Each time you visit Results a record of your visit is made. Typically this record contains diagnosis, symptoms, examination, treatment and a plan for subsequent visits. This information serves as your medical record.

Your medical record serves as a:

- Means of communication among health professionals who contribute to your care.
- Basis for planning your care & treatment.
- Legal documentation describing the care you received.
- Means by which you or a third party payer can verify that services billed or actually provided.
- A tool in educating health professionals.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Although your medical record is the physical property of Results Physical Therapy, the information belongs to you. You have the right to:

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

During the course of serving your interest it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include your initial evaluation.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of operating our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service. An example would be internal quality assessment review.

We may contact you to provide appointment reminders or information about your treatment alternatives to other health related benefits and services that may be of interest to you.

We reserve the right to change our practice and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post it, and if you request, mail you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use, or disclose your health information after we receive a written revocation of the authorization according to the procedures included in the authorization.

For more information or to report a problem

If you have questions or would like additional information, you may contact our privacy officer Randy O'Brien at 703-753-7600.

If you believe your privacy rights have been violated, you can file a complaint with our privacy officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. The address for the OCS is listed below:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509 F – HHH Building
Washington, DC 20201
877-696-6775**

Acknowledgement

I have read the above and I am aware a copy of the Results Physical Therapy Notice of Privacy Practices is available per my request.

Patient Name: _____

Patient/Guardian Signature: _____

Print Patient/Guardian Name: _____

Date: _____