

SKYLINE PHYSICAL THERAPY SERVICES 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 practice is dedicated and required by applicable federal and state laws to maintain the privacy of your health information. These laws also require us to provide you with this Notice which informs you of your rights and our obligations concerning your health information. We are required to follow the privacy practices described below while this Notice is in effect. We reserve the right to change this Notice and the privacy practices described below at any time in accordance with applicable law. Prior to making significant changes to our privacy practices, we will alter this Notice to reflect the changes and make the revised Notice available to you on request. **You may request a copy of our Notice at any time.**

PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION

- ❖ **TREATMENT, PAYMENT, HEALTHCARE OPERATIONS:** You should be aware that during the course of our relationship with you we will likely use and disclose health information to you for treatment, payment, and healthcare operations.
- ❖ **Authorizations:** You may specifically authorize us to use your health information for any purpose or to disclose your health information to anyone by submitting such an authorization in writing. Upon receiving an authorization from you we may use or disclose you health information in accordance with that authorization. You may revoke an authorization at any time by notifying us in writing.
- ❖ **DISCLOSURES TO SKYLINE AND PERSONAL REPRESENTATIVES:** We must disclose your health information to you as described in the Patient Rights sections of this Notice. Such disclosures will be made to any of your personal representatives who are appropriately authorized to have access and control of your health information. We may disclose your health information to a family member, friend, or other persons to the extent necessary to help with your healthcare or payment for your healthcare if authorized to do so. In the event of your incapacity or in emergency circumstances, we will disclose health information that is based on a determination using our professional judgment, only disclosing health information that is directly relevant to the person's involvement in your healthcare.
- ❖ **MARKETING:** We will not use your health information for marketing communications without your written authorization.
- ❖ **PATIENT AND THIRD PARTY PROTECTION:** Only as permitted by law we may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.

Acknowledgement of receipt of Notice of Privacy Practices

I, _____ (patient's name) acknowledge that I have received, reviewed, understand, and agree to the Notice of Privacy Practices of Skyline Physical Therapy, which describes the Practice's policies and procedures regarding the use and disclosure of any of my protected health information created, received, or maintained by Skyline Physical Therapy Services.

Signature

Date

Print Name

- ❖ **USES AND DISCLOSURES PROVIDED BY LAW:** We may use or disclose your health information, when we are required to do so by law, including for public health reasons (i.e. disease reporting). In some instances and in accordance with applicable law, we may be required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.
- ❖ **LAW ENFORCEMENT/NATIONAL SECURITY:** Under certain circumstances we may disclose health information relating to members of the Armed Forces to military authorities. Under certain circumstances we may also disclose health information relating to inmates or patients to correctional institutions or law enforcement personnel having lawful custody of those individuals. We may disclose health information in response to judicial proceedings and law enforcement inquiries as permitted by law.
- ❖ **APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders (i.e. voicemail messages, postcards, or letters).

PATIENT RIGHTS

- ❖ **ACCESS TO RECORDS:** Upon submission of a written request to us, you have the right to review copies of your health information with limited exceptions. You may request, that we provide copies in a format other than photocopies and we will use the format you request if it is readily available. We will charge you a reasonable cost-based fee relating to the production of such copies.
- ❖ **ACCOUNTING OF CERTAIN DISCLOSURES:** Upon written request, you have the right to receive a list of instances in which we or our business associates disclosed your health information for a fee. Please contact our office for additional information.
- ❖ **RESTRICTIONS AND ALTERNATIVE COMMUNICATIONS:** You have the right to request that we place additional restrictions on the use or disclosure of your health information for treatment, payment, and healthcare operation purposes. Depending on the circumstances of your request, we may or may not agree to those restrictions. If we do agree to your requested restrictions, we must abide by those restrictions except in emergency treatment scenarios. You have the right to request that we communicate with you about your health information by alternative means or alternative locations. Such requests must be made in writing and must provide satisfactory explanation on how payments will be handled under the alternative means of location you request.

Thank you,

Skyline Physical Therapy Services