

Please sign and return:

I have received the TEAM Physical Therapy Notice of Privacy Policies and Practices and I authorize the release of my protected health information for treatment, billing and operations related to treatment and billing.

I understand that I have the right to copy or inspect information that will be used for the above-stated purposes.

Patient Name

Patient Signature

Date

DESIGNATED INDIVIDUALS AUTHORIZATION

I hereby authorize one or all of the designated parties listed below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to treatment and payment. I understand that the identity of designated parties must be verified before the release of any information.

If you wish to designate no one, please write "None" and sign below.

Authorized Designees:

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

Patient Name

Patient Signature

Date



NOTICE OF PRIVACY POLICIES AND PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction: At Team Physical Therapy, we are committed to treating and using protected health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by and required by federal regulations.

Understanding Your Medical Record/Health Information: Each time you visit Team Physical Therapy, a medical record will be made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment, as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- A tool that you, or another payor (your insurance company) will use to verify that services are actually provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state healthcare as well as national healthcare standards
- A source of data for planning and/or marketing
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your medical record and how your health information is used helps you ensure its accuracy, determine what entities have access to your health information and make informed decisions when authorizing the disclosure of this information to other individuals.

Your Rights: You have certain rights under the federal privacy standards act. These include:

- The right to request restrictions on the use and disclosure of your protected health information, including disclosure to your health plan when you are paying out of pocket in full for your healthcare
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Our Responsibilities: Team Physical Therapy is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Notify you in the event that you have been affected by a breach of unsecured protected health information
- Accommodate reasonable requests you may have regarding communication of health information via alternative means/locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes to our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information we maintain. 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 have received a written revocation of the authorization according to procedures included in the authorization.

How We May Use and/or Disclose Your Health Information:

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, the results of laboratory tests and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff members.

- **We will use your information for payment:** Your health plan may request and receive information on dates of service, the services provided, or the medical condition being treated in order to pay for the service rendered to you.
- **We will use your information for regular health operations:** Your health information may be used as necessary to support the day-to-day activities and management of Team Physical Therapy. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
- **Business Associates:** In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” might be a billing service, collection agency, answering service, and computer software/hardware.
- **Communication with Family:** Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relative or any other person that is involved in your care that you have authorized to receive this information. Please inform us when you do not wish a family member or other individual to have authorization to receive your information.
- **Research/Teaching/Training:** We may use your information for the purposes of research, teaching and training.
- **Healthcare Oversight:** Federal Law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointees if there are circumstances that require us to do so.
- **Public Health Reporting:** Your Health information may be disclosed to public health agencies as required by law.
- **Law Enforcement:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections to facilitate law enforcement investigations and to comply with government mandated reporting.
- **Appointment Reminders:** We may use your information to remind you about your upcoming appointments. Typically, these are left by phone and may be left as a message on your answering machine. If you do not approve of this method, you must inform us in writing.

Other Uses and Disclosures:

Disclosure of your health information or its use for any purpose other than those listed above requires your specific authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

For More Information or To Report a Problem:

If you have complaints, questions or would like additional information regarding this Notice of the privacy practices of Team Physical Therapy, please contact:

Jeff Bekendam
Team Physical Therapy
10590 Town Center Drive, #100
Rancho Cucamonga, CA 91730
(909) 948-1124
