

ALTITUDE PHYSICAL THERAPY
Notice of Health Information Practices

This notice describes how information about patients may be used and disclosed and how patients can get access to this information.

Introduction

Altitude Physical Therapy uses personal health information about all our patients responsibly. How and when we collect and use this information is explained in this notice. With regard to personal health information, patients' rights are also explained here. This notice is consistent with all federal regulations.

Understanding Health Records/Information

All patient visits are documented in a chart. Details of each visit including patients' comprehensive medical history and subjective information, objective findings and assessment, diagnostic information and future plan of care. Verbal and written communication with other health care practitioners is also documented in this medical chart. This information can possibly serve as a:

- Means of communication between health care providers, who share in the care,
- Basis for planning care and treatment,
- Legal document describing the care received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

This information should help you, the patient, to understand who, what, when, and why others may access your information. Also, you can make informed decisions when authorizing disclosure to others.

Your Health Information Rights

Your medical records are the physical property of Altitude Physical Therapy, however; the information in it belongs to you.

You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy the health record (we ask for a 24 hour request)
- Obtain a list of the disclosures of your health information and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Altitude Physical Therapy is required to:

- Maintain the privacy of the health information,
- Provide patients with this notice as to our legal duties and privacy practices with respect to information that we collect and maintain,
- Abide by the terms of this notice,
- Notify the patients if we are unable to agree to a requested restriction.

We reserve the right to change our practices in order to maintain compliancy with updated federal guidelines. These changes will be made available to each patient when returning for a follow up visit.

We will not use or disclose health information without authorization, except as described in this notice. We will also discontinue to use or disclose health information after we have received revocation of the authorization.

We will provide health information without authorization when necessary for treatment, payment or healthcare operations.

Appointment Notification: We may contact you on the telephone or by mail to provide appointment reminders and to follow-up with you after treatment in our facility.

Worker's compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Correctional institution: Should a patient eventually become an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for healthcare and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena (e.g. child protection, etc.).

Federal law makes provision for health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you feel your privacy rights have been violated or you would like more information, you can contact our Privacy Officer, or the Office for Civil Rights, U.S. Department of Health and Human Services.

Office for Civil Rights
U.S. Dept of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Bldg
Washington, D.C. 20201

I, _____, have read and understand the Notice of Health Information Practices.

Please include a list of others' who you are authorizing to have access to your medical information.

- 1.
- 2.
- 3.
- 4.
- 5.