

Notice of Patient Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW FORM CAREFULLY.

OUR LEGAL DUTY

Body In Balance Physical Therapy is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols described below.

USES AND DISCLOSURES OF HEALTH INFORMATION

Body In Balance Physical Therapy uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and assessing the quality of care we are proud to provide. We use your personal information to contact you to arrange an appointment with us and to properly bill your insurance carrier for the services we provide you. Body In Balance Physical Therapy will always obtain your written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any other reason, you may later revoke that authorization to cease future disclosures at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have the right to request a list of instances where we disclosed your personal health information for reasons other than for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. Body In Balance Physical Therapy will consider all such request on a case-by-case basis. The company is not legally required to accept requests.

_____ I acknowledge that I have received a copy of the Notice of Patient Information Practices as stated above.

_____ I acknowledge that I have declined a copy of the Notice of Patient Information Practices as stated above.

Patient Name

Date