

## HIPAA Privacy Standards Ascension Physical Therapy

**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.**

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

Payment Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations Your health information may be used as necessary to support the day-to-day activities and management of Ascension 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.

Due to our office layout you may be receiving care while in the company of other patients. For example, exercising in the gym while other patients are present.

State & Federal Agencies Your health information may be disclosed to State & Federal agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department and other issues to law enforcement.

Other Uses and disclosures require your authorization Disclosure of your health information or its use for any purpose other than those listed above requires your specific written 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.

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

- The right to request restrictions on the use and disclosure of your protected health information
- 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 receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Ascension Physical Therapy duties We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices As permitted by law, we reserve the right to amend or modify our privacy policies and practice. These changes in 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 that we maintain.

Requests to Inspect Protected Health Information As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Jill Brekken.

Complaints If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining you concerns to:

Jill Brekken  
 Ascension Physical Therapy  
 6200 Lake Otis Parkway, Suite 104  
 Anchorage, AK 99507

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person The name and address of the person you can contact for further information concerning our privacy practices is the same as above.

Effective Date This Notice is effective on or after August 11, 2003.

**Would you like a copy of this form?      YES                      NO**

Name: \_\_\_\_\_ Date: \_\_\_\_\_