

# Phoenix Physical Therapy Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## Uses and Disclosures

1. Phoenix Physical Therapy is permitted under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, to use personal health information for the following purposes: treatment, payment, and health care operations.
2. Phoenix Physical Therapy under HIPPA is permitted, or at times may be required, to use or disclose personal health information without the individual's written authorization under the following circumstances:
  - o Reporting victims of abuse, neglect or domestic violence;
  - o For public health activities;
  - o For health oversight activities;
  - o Regarding decedents;
  - o For judicial and administrative proceedings;
  - o For law enforcement purposes;
  - o To avoid a serious threat to health or safety;
  - o For specialized government functions
3. For the PHI to be used for any other purpose, it requires the patient's written authorization, which may be revoked at any point.

## Individual Rights

The patient has rights under HIPPA to the patient's protected health information, as listed below.

1. Obtain a paper copy of this notice upon request (including those individuals who have agreed to receive the notice electronically)
2. Receive confidential communications;
3. Amend protected health information;
4. Receive an accounting of disclosures of protected health information; and
5. Inspect and copy your PHI as provided for in 45CFR 164.524
6. Amend your PHI as provided in 45CFR 164.528
7. Obtain an account of disclosures of your PHI as provided in 45CFR 164.528
8. Request to receive PHI through alternate means or at an alternate location
9. Revoke your authorization to use or disclose PHI except to the extent that action has already been taken.
10. The right to request restrictions on certain uses and disclosures of their protected health information. Phoenix Physical Therapy is not required under HIPPA to agree to a requested restriction as per 45 CFR 164.522;

## Phoenix Physical Therapy Duties

1. Maintain the privacy of your PHI.
2. Provide you with and abide by the terms of this notice.
3. Reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. Any revision of the notice will be posted in the clinic.
4. Accommodate reasonable requests to communicate PHI by alternative means or location

## Complaints

Patients may complain to Phoenix Physical Therapy and/or the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated. Phoenix Physical Therapy will not take action against the patient for filing a complaint. Complaints may be filed with the Compliance Office by telephone or in writing at the following number and address:

Telephone: 618-235-0700

Address: 4111 N. Illinois St, Swansea, IL 62226

Office for Civil Rights, US Dept of Health and Human Services, 200 Independence Ave, SW, Room 509F, HHH Bldg Washington, DC 20201

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Signature

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Date