



## HIPAA Information and Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This form details our privacy practices in compliance with HIPAA regulations; please review it carefully.

Patient health information (PHI) is collected at each of your treatments. The initial visit demographics, insurance and clinical information is added to your record, as is subjective information and muscle testing. Patient information will be kept confidential except as necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories and health insurance payers as is necessary and appropriate for your care. The normal course of providing care means that such records may be temporarily located outside of the locked filing cabinet, such as the administrative office, treatments areas, etc. The records will not be available to persons other than the office staff. You agree to normal procedures utilized within the office for handling of charts, patient records, PHI and other documents or information. Separate authorization is necessary to send your PHI to a physician's office other than your referring physician, to a lawyer or caseworker, and for family members not already listed on your HIPAA consent form. In the event of a breach, it will be reported to the patient in no less than 60 days from the breach discovery.

Additionally, this practice utilizes a number of vendors in the conduct of business. These vendors may have access that includes PHI if they are in the healthcare field and have agreed to abide by the confidentiality rules of HIPAA. Government agencies or insurance payers may also come in and inspect the office and review documents that may include PHI. This is within their normal performance of duties. However, if you have paid out of pocket for your services, and are paid in full, you are able to restrict the information that can be disclosed to your health plan.

PT 360 Physical Therapy, PLC may contact you by phone, mail or email to provide appointment information, or other health related information that the therapist believes is beneficial to you. It may be necessary to leave a message on your answering machine or voicemail if you are not available. We are prohibited from selling your PHI or using it for marketing purposes unless specific authorization is given. Any other disclosure not mentioned in this policy will only be made with authorization.

We may change, add, delete or modify any of these provisions to better serve the needs of the practice and our patients. In the event of any significant change, notices will be posted in the front office. You may also request a printed copy of the changes. Please contact the front office with any questions or concerns.

### PATIENT RIGHTS

You have the right to have a copy (paper or electronic) of your medical record and a list of instances in which your PHI has been disclosed for reasons other than treatment, payment or administrative purposes. If you believe there is something missing or incorrect in your medical record, you may request a correction or the missing information to be added.

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616.456.0360 p  
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[www.pt360.net](http://www.pt360.net)

330 Fuller Avenue NE  
Grand Rapids, MI 49503



You also have the right to submit a written request to restrict the use of your PHI and to request change in certain policies used within the office concerning your PHI for treatment, payment and administrative purposes except when specifically authorized by you or when required by law. We will consider your request, but are not legally required to grant it.

**COMPLAINTS**

If you feel that we have violated your privacy rights, or you disagree about a decision we made regarding your access to your PHI, please contact our office. You also have the right to send a complaint to the US Department of Health and Human Services. Details on how to contact them can be provided by the office manager.

**LEGAL DUTY**

As stated in the HIPAA Law, our office is required to protect your private information, provide you with this document, and to follow the policies described in this notice. Please contact our office with any questions or complaints.

You are authorized to discuss my personal medical information with the following people:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I, \_\_\_\_\_  
(Print Name)

**acknowledge receipt of this HIPAA Privacy Policy. I understand the terms set in this policy and any subsequent changes in office policy. I understand that I may request additional restrictions on the use and disclosure of my PHI. I understand that this consent shall remain in force from this time forward.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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