

CENTREVILLE PHYSICAL THERAPY
14631 LEE HIGHWAY, SUITE 310
CENTREVILLE, VA 20121
Phone: 703-222-5903 Fax: 703-222-3765

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used by our office, and the ways and purposes for which it may be disclosed. It also reviews your rights and our responsibilities, and the ways in which you can obtain access to this information.

Your medical record and its privacy, as well as the maintenance of your privacy while in our care are very important to us. The medical information that is maintained regarding your care is an important tool in your treatment and in communication between healthcare providers, as well as being instrumental in ensuring proper billing of services received. It also aids our office in improving the quality of care.

Our Responsibility:

The law requires us to maintain the privacy of your health information, provide you with notice of our privacy practices, and abide by the terms of this notice. We do maintain the right to change our privacy practices as permitted by law.

Your Rights:

You may request that restrictions be made on certain uses and disclosures of your information as permitted by law, although the healthcare provider reserves the right to deny restrictions not allowable by law; you have the right to review and copy your health record as permitted by law; you have the right to request an amendment to your health record as permitted by law; and, if request is denied, file a written disagreement for which a written rebuttal will be given; you have the right to request that communications regarding your care be made to alternate individuals with written consent; you have the right to request a listing of disclosures made of your health information; and you have the right to request a printed copy of this notice.

Uses and Disclosures of Your Medical Information

There are different ways that your health information is used and disclosed by this office. **TREATMENT:** Your medical information is used for treatment purposes, including documentation and communication between our health care professionals, as well as communication between other providers that are taking care of you in order to assist them in treatment.

PAYMENT: Your medical information is used to obtain payment for services, confirmation of coverage, billing and/or collection activities, and utilization review. We may use and disclose your medical information for payment purposes.

HEALTHCARE OPERATIONS: We may use and disclose your medical information to assess the level of your care and outcome, as well as to improve the effectiveness of our services. We may also contact you to confirm appointments or for other health related services.

Other Uses

NOTIFICATION: We may use or disclose your information to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location and general condition.

COMMUNICATION WITH FAMILY: We may communicate with a family member, other relative, close personal friend, or any other person identified by you, any health information that is relevant to you regarding your care or payment.

FOOD AND DRUG ADMINISTRATION: We may disclose to the FDA any adverse reactions to food, supplements, products or product defects, or post marketing information to enable product recalls, repairs, or replacements.

PUBLIC HEALTH: As required by law, we may disclose your health information to public health organizations or legal authorities appointed with preventing or controlling disease, injury, or disability.

LAW ENFORCEMENT: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Centreville Physical Therapy reserves the right to amend or modify our privacy practices as allowable and in conjunction with the law. Such changes will be made with notification to the patient.

Questions and Complaints

If you have any questions regarding this notice, or if you think that your privacy rights may have been violated, please contact our compliance officer. You also have the right to submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint.

This notice will take effect April 14, 2003.

Please list below any person(s) and their relation to you that you authorize our office to speak with regarding your health care. You do not need to include your referring physician or insurance company representative, however you must list any other non-referring physician/health care provider that you authorize the release of your health information.

- 1. _____ Relation: _____
- 2. _____ Relation: _____
- 3. _____ Relation: _____

In signing below, I acknowledge receipt of this notice.

Patient/Guardian Signature

Date: _____