

PLEASE READ

Biomechanix Physical Therapy Notice of Privacy (UPDATED 05/18/2017)

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information.

Please review this notice carefully.

If you have any questions about this notice, please contact: Privacy Officer, Biomechanix Physical Therapy (623)882-2992.

Our pledge regarding medical information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the organization. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

Make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you:

The following categories describe different ways that we use and disclose medical information.

- *For Treatment.* Our organization may use medical information about you to provide you with medical treatment or services.
- *For Payment.* We may use and disclose medical information about you so that the treatment and services you receive at our organization may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- *Patient Satisfaction Surveys.* We may use and disclose information to contact you either by mail or phone to obtain information regarding your satisfaction with the treatment or services you received at our facilities.
- *Appointment Reminders.* We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment.
- *As Required by Law.* We will disclose medical information about you when required to do so by federal, state or local law.
- *Workers' Compensation.* We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- *Lawsuit and Dispute.* If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- *Law Enforcement.* We may release medical information if asked to do so by a law enforcement official.

Your rights regarding medical information about you:

You have the following rights regarding medical information we maintain about you:

- *Right to Inspect and Copy.* You have the right to inspect and to request a copy of information maintained in our records about you. This includes medical and billing records maintained and used by us to make decisions about your care. In certain situations, where providing access may be detrimental to your health, we are permitted by state and federal law, to withhold access. To obtain or inspect a copy of your medical information, submit a written request to our Privacy Officer.
- *Right to Amend.* If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the organization. To request an amendment, your request must be made in writing and submitted to our Privacy Officer.
- *Authorization.* Except as described above or specifically required or permitted by law, we will not use or disclose your medical information without a specific authorization from you. At times, we may ask you to provide a specific written permission to allow us to use or disclose medical information about you.
 - An authorization is your signed, written permission to release medical information. You may be asked to sign the same authorization form periodically as required by state or federal law.
 - An authorization may be revoked in writing at any time. Written revocation of authorization must be submitted to our Privacy Officer.
- *Right to a Paper Copy of This Notice.* You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy contact:

Biomechanix Physical Therapy
(623)882-2992

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services. To file a complaint with the organization, contact:

Biomechanix Physical Therapy
Jessica Teichert- Practice Manager
750 N. Estrella Parkway #50
Goodyear, AZ 85338

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750 N. Estrella Parkway, Suite 50
Goodyear, AZ 85338

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