

NOTICE OF PRIVACY PRACTICES

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.

HOW WILL WE USE AND DISCLOSE YOUR INFORMATION?

Treatment. Your health information may be used by BODYCENTRAL staff members or disclosed to other health care providers for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, after an evaluation with your physical therapist, the therapist may send a copy of that evaluation to your referring physician. That information may also be disclosed to people that assist with your care, a spouse, or legal guardian.

Payment. Your health information may be used to obtain payment for the medical services provided to you. For example, your health plan may request to see parts of your record before they will pay us for your treatment.

Health Care Operations. Your health information may be used as necessary to conduct day to day operations regarding budget planning and management activities. For example, your health information may be used to perform quality assurance activities at BODYCENTRAL Physical Therapy, or to develop marketing strategies for the practice. This information may be disclosed to any of the provider networks in which we participate for quality assurance and billing purposes as well.

Law Enforcement/Government Audits. Your health information may be disclosed to law enforcement agencies to support government audits and inspections and to facilitate law enforcement investigations. For example, if the Federal Government (Medicare) requests information, your information may be disclosed at that time.

Appointment Reminders. We may want to call you by phone at your home or office to remind you of appointments with us. If you do not wish us to leave a message with someone at your home, on your answering machine, or with a co-worker at your place of employment, please advise us of this.

Other Uses. Any other use or disclosure of your health information requires your written authorization.

WHAT ARE YOUR INDIVIDUAL RIGHTS?

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

Communications. You can request that our practice communicate with you about your health and related issues in a particular manner, or at a certain location. For example, you may ask that we talk to you while you are at home rather than when you are at work. We will accommodate reasonable requests.

You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to restrict disclosure of your health information to only certain individuals involved in your care or payment of your care, such as family members or friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.

You have a right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to BODYCENTRAL Physical Therapy, P.C..

You may ask us to amend your health information if you feel it is incorrect or incomplete, as long as the information is kept by or for our practice. To request an amendment, your request must be submitted in writing to BODYCENTRAL Physical Therapy, P.C.. You must provide us with a reason that supports your request for amendment.

You have a right to a list of disclosures we make of your medical information subject to federal privacy requirements. However, information released in certain circumstances, such as disclosures for payment, or treatment will not be included in the list.

You have a right to a copy of this notice. You may at any time request a copy of this document from us.

BODYCENTRAL Physical Therapy, P. C. 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 policies and procedures 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 practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our privacy official- Jennifer Allen. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINTS

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

Jennifer Allen, P.T. Privacy Officer
BODYCENTRAL P.T.
3124 N SWAN ROAD
TUCSON, AZ 85712
(520) 325-4002

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.

EFFECTIVE DATE

This notice is effective on or after April 14, 2003

