



Notice of Privacy Practices

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

Uses and Disclosures of Your Health Information

Treatment:

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluation will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment:

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

Health care operations:

Your health information may be used as necessary to support the day-to-day activities and management of Benchmark. For example, information on the services you received may be used as support budgeting and financial reporting, and activities to improve quality.

Law enforcement:

Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting:

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization:

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notify us of your decision.

Additional Uses of Information:

Appointment reminders:

Your health information will be used by our staff to send you appointment reminders.

Information about treatments:

Your health information may be used to send you information on the treatment and management of your medical condition or recent technology that you may find to be of interest. We may also send you information describing other health related goods and service that we believe may interest you.

Your Health Information Rights:

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

- 1. The right to request restrictions on the use and disclosure of your health information.*
- 2. The right to receive confidential communications concerning your medical condition and treatment.*
- 3. The right to inspect and copy your health information.*
- 4. The right to amend and/or submit corrections to your health information.*
- 5. The right to receive an accounting of how and to whom your health information has been disclosed.*
- 6. the right to receive a printed copy of this notice.*

Our Health Information 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 also are required to abide by the privacy policies and practices that are outlined in this notice.

Our 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. The revised policies and practices will be applied to all protected health information that we maintain and will be available at our facility for you upon your request.

Requests to Inspect Protected Health Information:

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Company’s Privacy Officer.

Complaints:

If you would like to submit a comment or complaint about our privacy practices, or you believe your privacy rights have been violated, you can contact the Company by sending a letter outlining your concerns to:

Privacy Officer
One Choice Physical Therapy
25 Feldspar Way
Rancho Santa Margarita, CA 92688

You may also file a written complaint with the Office of Civil Rights.

Signature_____

Date_____