



MOVEMENT ARTS PHYSICAL THERAPY
Lauren Fox, M.P.T. & Kathy Johnson, M.P.T.
Notice of Privacy Practices

This Notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996.

Our commitment to your privacy.

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and provided you a description of our privacy practices. We realize that these laws are complicated, but we must provide you with the following information. Each time you visit our facility a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing related information. This notice applies to all of the records of your care generated by the facility, whether made by the facility personnel, or your doctor.

Use and disclosure of your health information in certain circumstances.

The following circumstances may require us to your or disclose you health information.

1. In order to best coordinate a treatment plan with all those involved in your treatment within our office, we may disclose health information about you to the doctor's or therapists within our office.
2. To bill and collect payment from you, your insurance company or a third party payer, we may disclose health information about your treatment and services.
3. To communicate to you via newsletters, mail-outs or other means regarding treatment options, wellness programs, to other activities our facility is performing or participating in.
4. To public health authorities and health oversight agencies that are authorized by law to collect information.
5. Lawsuits and similar proceedings in response to a court or administrative order.
6. If required to do so by a law enforcement official.
7. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
8. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
9. To federal officials for intelligence and national security activities authorized by law.
10. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
11. For Worker's Compensation and similar programs.

Your rights regarding your health information.

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you do have rights.

1. 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 instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use of disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and 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.
3. You have the 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, but not including psychotherapy notes. You must submit your request in writing to Lauren Fox or Kathy Johnson (805-497-0388).
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing or submitted to Lauren Fox or Kathy Johnson (805-497-0388). You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this Notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, contact Lauren Fox or Kathy Johnson (805-497-0388).
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Lauren Fox or Kathy Johnson (805-497-0388). All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses of health information.

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you and documentation in the doctor's office or clinic.

Changes to this Notice.

We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you, as well as any information we receive in the future. The current Notice will be available in the office and include the effective date.

If you have any questions regarding this Notice or our health information privacy policies, please contact Lauren Fox or Kathy Johnson (805-497-0388).

I hereby acknowledge that I have been presented with a copy of Lauren Fox's and Kathy Johnson's Notice of Privacy Practices.

Signature _____ **Printed Name** _____ **Date** _____