

PROGRESSIVE PHYSICAL THERAPY CENTER

NOTICE OF PRIVACY PRACTICES

To our patients: This notice describes how health information related to our physical therapy practice may be collected and disclosed. This is required by the Privacy Regulations created because of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The following circumstances may require us to use or disclose your health information:

1. When providing communications to your primary care and/or specialty physician about your physical therapy service, progress, response to the treatment and discharge.
2. When necessary to insurance companies or agencies for treatment or agencies for treatment or payment purposes, or for health care operations to include quality assurance, utilization review, credentialing, underwriting, and auditing.
3. To public health authorities and health oversight agencies that are authorized by law to collect information.
4. Lawsuits and similar proceedings in response to a court or administrative order.
5. If required to do so by a law enforcement official.
6. 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. We will only make disclosures to a person or organization able to help prevent the threat.
7. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
8. To federal officials for intelligence and national security activities authorized by law.
9. To correct institutions or law enforcement official if you are an inmate or under the custody of a law enforcement official.
10. For Worker's Compensation and similar programs.

Your Rights Regarding Your Health Information:

1. You can request that Progressive PT Center 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 at work.
2. You can request a restriction in our use or disclosure of your health information for treatment, payments, 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, such as immediate family. We are not required to agree to your request but if we do, we are bound by our agreement except when otherwise required by law, in an emergency.
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. You must submit your request in writing to Progressive PT Center and allow up to 14 days for the medical records.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete and if the information is kept by or for our practice. To request an amendment to your information you must submit a written request to Progressive PT Center at info@progressiveptc.com.
5. You are entitled to receive the Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. If you believe your privacy rights have been violated, you may file a complaint with our practice by email at info@progressiveptc.com or with DC Department of Health and Human Services.
7. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If a disclosure of your protected health information was made for a reason other than treatment, payment, or health care operations, you have a right to receive an account of that disclosure.

In complying with the Privacy Standard, we have appointed a legal counsel and trained our staff in privacy practice standards and implemented policies to protect your information. We have instituted privacy and security safeguards to protect your health information. Please sign below that you have read and understand your rights to our privacy practices.

Signature of Patient/ Guardian:

Date:

Progressive PT Center 901 6th St SW Suite PTC, Washington DC 20024