

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

If you have any questions about this notice, please contact the Privacy Officer at (626) 449-4347.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our facility's practices and that of:

- Any Physical Therapist authorized to enter information into your chart.
- Any member of a volunteer group we allow to help you while you are in our facility.
- All employees and staff
- All locations operated by Vincent Physical Therapy, including:
 - Vincent Physical Therapy-22623 E Foothill Blvd, Suite 101 • Pasadena, CA 91107

All locations follow the terms of this notice. In addition, these locations may share medical information with each other for treatment and payment.

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 Vincent Physical Therapy. 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 our facility, whether made by personnel or your Physical Therapist.

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 (with certain exceptions); give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow 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. Not every use and disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with physical therapy treatment or services. We may disclose information about you to doctors, nurses, technicians, medical students, or other medical office personnel who are involved in taking care of you.
- **For Payment.** We may disclose information about you so that the treatment and services you receive at Vincent Physical Therapy may be billed and payment may be collected from you, an insurance company, or a third party.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Related Products and Services.** We may use and disclose medical information to tell you about related products or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition.
- **As Required by Law.** We will disclose medical information about you when required to do so by Federal, state, or local law.

- **To Avoid Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **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.
- **Lawsuits and Disputes.** 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.

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 copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- **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 Vincent Physical Therapy. To request an amendment, your request must be made in writing and submitted to Medical Records Department. In addition, you must provide a reason that supports your request.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we make of medical information about you for our own uses for treatment, payment and healthcare operations, (as those functions are described above) and with other expectations pursuant to the law. To request this list or accounting of disclosure, you must submit your request in writing to the Medical Records Department. For additional lists, we may charge you for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit in the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask the we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **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 anytime. You may obtain a copy of this notice from any one of our facilities.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will have copies of the current notice available at the front desk. The notices will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint to the Office Manager. You can contact her at (626) 449-4347.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of medical information about you for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.