

WESTLAKE PHYSICAL THERAPY

SUMMARY OF 'NOTICE OF PRIVACY PRACTICES' (HIPAA)

The following information is a summary of the Notice of Privacy Practices, which is available in full at our office upon request. This policy describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your personal and confidential healthcare information may be released to:

- Healthcare professionals for the purpose of providing you with quality healthcare.
- Healthcare providers in the event you need emergency care.
- Your personal insurance for the purpose of receiving payment, payer audits and for other allowed purposes by your insurance carrier.
- Vendor of WPT who assist in providing supplies and equipment.
- Law enforcement officials in the event of an investigation in which you are a victim of a crime such as a domestic violence or abuse.
- Public health or federal organizations in the event of a communicable disease or to report a defective device.

OPTIONAL INFORMATION TO ENSURE YOUR PRIVACY:

In my absence, I authorize WPT to release medical and/or financial information to those indicated below (i.e. number of visits, insurance information, account balances, etc). Please consider persons such as spouse, significant other(s), parents, siblings, legal guardians, etc.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time. Your confidential information may not be released for any other purpose other than those that are identified in this notice.

You have the right to:

- Restrict the use of your confidential healthcare information. However WPT may choose to refuse your restriction if it is in conflict with the provision of quality healthcare or in the event of an emergency situation.
- Receive confidential communication about your healthcare status.
- Review and receive a photocopy of any or all portions of your healthcare information.
- Make an amendment to your healthcare information.
- Know who has accessed your confidential healthcare information and for what purposes.
- Possess a copy of this Privacy Notice and obtain a complete, detailed policy statement of WPT's Privacy Notice, which is available in writing.
- Complain if you believe your right to privacy has been violated. All complaints will be investigated.

At your request, you may receive a copy of this agreement for your records. Please see a member of our front desk staff if you have further questions regarding our policies and procedures.

I have read and understand the above terms and policies. I agree to abide as outlined above until further notice or until written notification is received which requests nullification.

Signature of Patient or Responsible Party

Date

OFFICE USE ONLY:

Patient NAME

____/____/____
dob