

Progressive Physical Therapy
Notice of Privacy Practices

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

<p>This Notice describes the privacy practices of Progressive Physical Therapy.</p> <p>Patient Health Information</p> <p>Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.</p> <p>How We Use Your Patient Health Information</p> <p>We use health information about you for treatment, to obtain payment, for administrative purposes, for evaluation of the quality of care, and so forth. Under some circumstances, we may be required to use or disclose information even without your consent.</p> <p><u>Treatment:</u> We will use and disclose your health information to provide you with medical treatment or services. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, to laboratories performing tests, and to family members who are helping with your care, and so forth.</p> <p><u>Payment:</u> We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.</p> <p><u>Administrative:</u> We may ask you to complete a sign-in sheet or staff members may ask you the reason of your visit so we can better care for you. Despite safeguards, it is always possible in a doctors office that you may learn information regarding other patients or they may inadvertently learn something about you. In all such cases, we expect our patients to maintain strict confidentiality.</p>	<p>We may use and disclose your health information to perform various routine functions (e.g. quality evaluations or records analysis).</p> <p>We may use your information to contact you. We may also contact you to provide information about referrals, for follow-up, with lab results, to inquire about your health, or for other reasons.</p> <p>Special Situations</p> <p>We may use or disclose identifiable health information about you for other reasons, even without your permission.</p> <p><u>Legal:</u> We may be required by law to report gunshot wounds, suspected abuse or neglect, and so on; we may be required to disclose vital statistics, diseases, and similar information to public health authorities. ; we may be required to disclose information for audits and similar activities, in response to a subpoena or court order, or as required by law enforcement officials.</p> <p>We may release information about you for workers compensation or similar programs, we may disclose information to protect your health or the health of others or for legitimate government needs, for approved medical research, or to certain entities in cases of death.</p> <p>In some situations, we may ask for your written authorization before using or disclosing any identifiable health information about you. If you sign an authorization, you can later revoke that authorization.</p>	<p>Individual Rights</p> <p>You have certain rights with regard to your health information, for example:</p> <p>You may request restrictions on certain uses and disclosures of your health information, though we are not required to agree to such restrictions.</p> <p>You may ask us to communicate with you confidentially by, for example, sending notices to a special address.</p> <p>In most cases, you have the right to get a copy of your health information. There will be a charge for the copies.</p> <p>If you believe information in your record is incorrect, or if important information is missing, you have the right to request that we amend the existing information.</p> <p>You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or administration. There may be a charge for this information.</p> <p>Our Legal Duty</p> <p>We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding health information, and to abide by the terms of the Notice currently in effect.</p> <p>We may update or change our privacy practices and policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the admissions area. You can also request a copy of our Notice at any time.</p> <p>If you are concerned about your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.</p>	<p>Contact Person</p> <p>If you have any questions, requests, or complaints, please contact:</p> <p>Progressive Physical Therapy Attn: Barry Fitch, DPT 100 Jimmy Love Lane Columbia, SC 29212 803-731-4055</p> <p>HIPPA South Carolina US DHHS Atlanta Federal Center Suite 3B70 61 Forsyth Street Atlanta, Georgia 30303-8909 (404) 562-7886</p> <p>Patient Acknowledgement</p> <p>1. I understand that a patient's health information is private and confidential. I understand that Progressive Physical Therapy has procedures to protect a patient's privacy and preserve the confidentiality of every patient's personal health information. I will assist Progressive Physical Therapy by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices".</p> <p>2. This patient acknowledgement will become part of my permanent record. I further acknowledge that should I become aware of another patient's private health matters, I will not disclose them to others, and I will treat any such knowledge as strictly confidential and private.</p> <p>3. My signature verifies that I understand how Progressive Physical Therapy may use my patient information, that I have read the "Notice of Privacy Practices", and I agree to be seen and treated under the stipulations as described.</p> <p>Patients Name: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number: _____</p> <p>Signature: _____</p> <p>Witness: _____</p> <p>Date: _____</p>
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You have the right to obtain a paper copy of this Notice upon request.