

Capstone Physical Therapy

Notice of Patient Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING HEALTH INFORMATION: We understand that health information about you and your health care is personal. It is our **legal duty** to protect health information about you. This notice applies to all of the records of your care generated by this health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. Capstone Physical Therapy is required by law to make sure that health information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to health information about you, and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: We may disclose information to other healthcare providers involved in taking care of you as needed for your course of treatment. For payment, we may disclose information about your treatment for billing purposes. We may disclose information about you for worker's compensation or similar programs. We may disclose information to attorneys if your treatment is related to a lawsuit. Capstone Physical Therapy may use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We also disclose medical information when required by law.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU: You have the right to receive a copy of your treatment and billing records. You have the right to request correction of any inaccuracy or incomplete information in your records. You may revoke an authorization to stop future disclosures at any time. We will communicate with you through first class mail, electronic mail, home phone or cellular phone. You have the right to request that medical information about you be communicated to you in a confidential manner; you may request in writing a specific method of communication to be used.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE: We will request that you sign a separate form acknowledging that you have been provided with a copy of this notice.

COMPLAINTS: If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the Privacy Officer listed below. If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our office can provide the address. Under no circumstances will you be penalized or retaliated against for filing a complaint. You may contact Privacy Officer Joseph Fuccello, PT with complaints at: 74 Son Lan Pkwy, Ste 103, Garner, NC, 27529. **Telephone # 919-773-4086 Fax# 919-773-4087**