

Capstone Physical Therapy

Notice of Privacy 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. We are committed to protecting 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.

We are 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
- 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.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU: You have the right to receive a copy of your treatment and billing records. Please let us know if you prefer not to have us contact you concerning your appointment.

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.