



Notice of Privacy Practices (HIPPA)

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.

REHAB ZONE PHYSICAL THERAPY, INC. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at REHAB ZONE PHYSICAL THERAPY, INC. please contact David Haas, PT at (802) 497-0690.

Effective Date of this notice: December 13, 2006

I. How REHAB ZONE PHYSICAL THERAPY, INC. may use or disclose your health information:

Rehab Zone Physical Therapy collects health information from you and stores it in a chart. This is your medical record. The medical record is the property of Rehab Zone Physical Therapy, but the information in the medical record belongs to you. Rehab Zone Physical Therapy protects the privacy of your health information. The law permits Rehab Zone Physical Therapy to use or disclose your health information for the following purposes:

1. **TREATMENT.** Treatment means the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination or management of health care by a healthcare provider with a third party; consultation between healthcare providers relating to a patient. An example of this would be a consultation/discussion with your physician regarding your plan of care, progress, or status.
2. **PAYMENT.** Payment means reimbursement for the provision of health care; determinations of eligibility or coverage; billing; claims management, collection activities, justification of charges, protected health information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for healthcare services to your insurance company.
3. **REGULAR HEALTH CARE OPERATION.** Healthcare operations are any activity related to covered functions in which we participate in the function of our office, such as conducting quality assessment activities, protocol development, case management, and care coordination, auditing functions, business management and general administrative activities, including implementation of this regulation; customer service evaluations; resolution of grievances; and marketing for which an authorization is not required. An example of this would be an evaluation of customer service given to patients.
4. **INFORMATION PROVIDED TO YOU**
5. **NOTIFICATION AND COMMUNICATION WITH FAMILY.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. **REQUIRED BY LAW/LAW ENFORCEMENT.** As required by law, we may use and disclose your health information, i.e.: to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
7. **PUBLIC HEATH.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medication; and reporting disease or infection exposure.
8. **HEALTH OVERSIGHT ACTIVITIES.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS.** We may disclose your health information in the course of any administrative or judicial proceedings.
10. **WORKER'S COMPENSATION.** We may disclose your health information as necessary to comply with worker's compensation laws.

II. When Rehab Zone Physical Therapy May Not Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Rehab Zone Physical Therapy will not disclose your health information without your written authorization. If you do authorize Rehab Zone Physical Therapy to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Rehab Zone Physical Therapy, Inc. is not required to agree to the restriction that you requested.



2. You have the right to receive your health information through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your health information.
4. You have a right to request that Rehab Zone Physical Therapy, Inc. amend your health information that is incorrect or incomplete. Rehab Zone Physical Therapy, Inc. is not required to change your health information and will provide you with information about Rehab Zone Physical Therapy, Inc. denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Rehab Zone Physical Therapy, Inc. except that Rehab Zone Physical Therapy does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings), and 16 (government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact David Haas, PT, Rehab Zone Physical Therapy (802) 497-0690.

IV. Changes to this Notice Of Privacy Practices

Rehab Zone Physical Therapy reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Rehab Zone Physical Therapy is required by law to comply with this Notice. Revised notices will be given at any time requested.

V. Complaints

Complaints about this Notice of Privacy Practices or how Rehab Zone Physical Therapy handles your health information should be directed to: David Haas, PT Rehab Zone Physical Therapy.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Dept. of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg, 200 Independence Ave, S.W., Room 509F HHH Building, Washington, DC 20201 or address your complain to a regional office found at www.hhs.gov/ocr/regmail.html.

I hereby acknowledge that I received a copy of this medical practice’s Notice of Privacy Practices.

_____ Date: _____
Patient signature or person authorized to consent for patient and relationship

Print name of patient

MEDICALLY INFORMED CONSENT

I voluntarily consent to physical therapy treatment and services deemed necessary by my physical therapist and/or physician. I am aware that the practice of physical therapy is not an exact science and I acknowledge that no guarantees have been made to me as to the results of services at Rehab Zone Physical Therapy. It is the clinic’s sincere intent to educate me on every process, from billing to treatment and eventually discharge from services.

I have read this form and fully understand and accept its terms and conditions.

_____ Date _____
Patient signature or person authorized to consent for patient/relationship

Print name of patient