



WILLOW PHYSICAL THERAPY

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NOTICE OF PRIVACY

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

Your Health Information is Private:

We understand that the information we collect about you and your health is personal. Keeping your health care information private is one of our most important responsibilities. We are committed to protecting your health care information and following all laws regarding the use of your health care information. You have the right to discuss with the privacy officer your concerns about how your health care information is shared. The law says:

1. We must keep your protected health information from others who do not need to know.
2. You may ask us not to share certain protected health information. In some instances, we may not be able to agree to your request.
3. You have a right to restrict certain disclosures of Protected Health Information to a health plan where you have paid out of pocket in full for the healthcare service or item.
4. You have the right to confidential communications from us by alternate means or an alternate location.

Who Sees and Shares Your Health Information:

Your protected health care information may be used by your Physical Therapist, our office staff and others outside of our office that are involved in your care and treatment, for the purpose of providing treatment, procuring payment for your bills, and supporting the operation of Willow Physical Therapy, Limited.

SUCH AS:

Your Physical Therapist may see and use your health care information to determine your plan of care and treatment. This use may include health care services you had before now.

We may share your protected health care information with your physician or a health care agency that provides health care for you, or a specialist or laboratory. We may also use your information to remind you about appointments or to tell you about treatment alternatives. We may call you by name from our waiting room and during treatment where our conversations may be overheard.

We may exchange information about you with your health plan, your insurance company, or government programs to obtain payment for our services. This may include providing protected health care information to insurance companies for pre-authorization or eligibility for treatment.

We may use your protected health care information to train employees, to do quality assessment and to send to electronic billing and transcriptions services. When using outside services we will have a written agreement protecting the privacy of your protected health information.

Your name and address may be used to send you information, billings and holiday greetings.

We do not sell your protected health information.

May I See My Health Information?

Under most circumstances, you may see your protected health care information. There may be limitations to the right for legal reasons. You may also request a copy of your protected health care information.

If you think some of the information is wrong, you may ask, in writing, that correct or new information be added. You may ask that the corrected or new information be sent to others who have received your health care information from us.

You may ask where we sent your health care information and we will give you a list excluding information sent for treatment, for payment, for business operations, or information otherwise authorized by you to be sent. You have a right to this list of where your information was sent after April 4, 2003.

What If My Health Information Needs to Go Somewhere Else?

You may ask to have your protected information sent to anyone that is helping you with your health care. You will be asked to sign an authorization form, which tells us what, where and to whom the information must be sent. You can cancel or limit the amount of information sent at any time by letting us know in writing.

Any uses or disclosures of your protected health information, other than listed in this notice, will only be made with the individual's written authorization. Same individual may revoke such authorization in writing, at any time.

Could My Health Information Be Released Without My Authorization?

When required by law or a court of law, we may disclose your protected health information. The use or disclosure will be made in compliance and limitation of the law. We will report abuse, neglect, and domestic violence, to Worker's Compensation, Public Health or Coroner's Office.

We will notify you as soon as possible after we are aware there has been a breach of unsecured PHI.

May I Have A Copy Of This Notice?

Yes. If there are important changes to this notice, you will receive a new one upon request, or at your next appointment.

Questions or Complaints:

1. If you have questions, or feel your privacy rights have been violated you can contact the "Willow Physical Therapy Privacy Officer"
2. You can make a complaint to the Federal Government Secretary of Health and Human Services (HHS), or to the HHS Office of Civil Rights.

Your health care services will not be affected by any complaint made to the Privacy Officer, Secretary of Health and Human Services, or Office of Civil Rights.