

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

Our legal duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We reserve the right to change our privacy practices and applicable law permits the terms of this Notice at any time, provided such changes. We reserve the right to make the changes in our privacy practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our notice of privacy practices will be posted on the effective date and you may request a written copy of the revised notice from this office.

Uses and disclosures of health information

Without specific written authorization, we are permitted to use and disclose your healthcare records for the purposes of treatment, payment and healthcare operations.

TREATMENT: means providing, coordinating, or managing healthcare and related services by one or more healthcare provider.

PAYMENT: means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.

HEALTHCARE OPERATIONS: include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing, functions, cost management analysis, and customer service.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

TO YOUR FAMILY AND FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose you health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may disclose you health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence, or the possible victim of other crimes. We may disclose information to the extent necessary to avert a serious threat to your health or safety, or the health and safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counter-intelligence, and other national security activities. We may also disclose to correctional institution or law enforcement having lawful custody and protected information of inmate or patient under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may also disclose to correctional institutions or law enforcement having lawful custody of protected information of an inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.)

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Patient rights

ACCESS: You have the right to look at or get copies of your health information with limited exceptions. (You must make your request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.)

ACCOUNTING DISCLOSURE: You have the right to receive a list of instances in which we or our business associates disclose your health information for purposes other than treatment, payment, healthcare operations and other certain activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. {YOU MUST MAKE THIS REQUEST IN WRITING}. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

AMENDMENT: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Questions and complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made to amend or restrict the use or disclosure of your health information, you may file a written formal complaint with us using the contact information listed below or with the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human services.

Contact Officer

Lycia Scott
Mountain Valley Physical Therapy, P.C.
250 Steele Street, Suite 300, Denver, CO 80206
Phone: 303-758-6878
Fax: 303-757-6859
e-mail: lycia@mountainvalleypt.com

For more information about HIPAA or to file a complaint

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)

Patient Signature

Date