

## **NOTICE OF PRIVACY PRACTICES-ACKNOWLEDGEMENT**

### **CENTRALIA PHYSICAL THERAPY, INC, PS DBA CHEHALIS PHYSICAL THERAPY**

We understand that health information about you and your health is private. We are committed to protecting your health information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records regarding your care generated by this office. This notice will inform you of the ways in which we may use and disclose health information about you. It will also inform you of your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

#### **WE ARE REQUIRED BY LAW TO:**

- Make sure health information identifying you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to health information about you.
- Comply with terms of the current Notice in effect.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

- For treatment, payment, and health care operations
- For appointment reminders
- As required by law
- To avert a serious threat to health and safety
- As required by the Military, Veteran's Affairs & Workers Compensation
- Public Health Risks
- Health oversight activities
- Lawsuits, disputes, and Law Enforcement requirements
- Coroners, health examiners and funeral directors
- National Security and Intelligence activities
- Protective Services for the President and Affiliates
- Inmates

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

- Right to inspect, copy & amend
- Right to an Accounting of Disclosures
- Right to request restrictions, including confidential communications
- Right to a paper copy of this notice (full 5 page notice available upon request)

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We will post a copy of the current notice in our facility, effective 2-10-2019.

#### **COMPLAINTS:**

If you believe that your privacy rights have been violated, you are entitled to file a written complaint. Please contact Erin Buono, DPT, Administrator, to file your grievance.

#### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE: (upon request)**

We will request that you sign a separate form acknowledging you have received a copy of this notice. This acknowledgement will become part of your records.