



SUMMARY OF NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you may have access to the information. Please review it carefully.

If you have any questions about this notice please contact the Privacy Officer Kellie Barnes MOMT, MPT (971) 404-6146.

Who Will Follow This Notice:

This notice describes the procedures and practices that Core Physical Therapy LLC, (CPT) its members, employees, staff, and other personnel follow to protect the privacy of your health information.

Your Health Information:

CPT understands that health information about you and your health care is personal. CPT is committed to protecting health information about you.

This notice applies to the information and records CPT has about your health, health status, and the health care and services you receive at this office. Your health information may include information created and received by this office. It may be in the form of written or electronic records, spoken words, and it may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity, and similar types of health-related information.

CPT is required by law to give you this notice. It will inform you of ways in which we may use this information about you and describes your rights and our obligations regarding the use and disclosure of this information.

How Core Physical Therapy LLC May Use And Disclose Health Information About You

Core Physical Therapy LLC may use and discuss health information for the following purposes.

For Treatment:

CPT may use health information about you to provide you with physical therapy services. CPT may disclose health information about you to doctors, nurses, technicians, acupuncturists, health care providers, office staff or other personnel who are involved in taking care of you and your health.

CPT may use your medical history to help determine what treatment is most appropriate for you. CPT may forward evaluations and progress reports to your health care providers and physicians, or call them to discuss your evaluation and progress.

Different personnel in our office may share information about you and disclose information to people who do not work in this office in order to coordinate your care such as telephoning your physician and obtaining information needed for your care. Family members and other health care providers may be part of your physical therapy outside of this office and that may require us to provide information about you.

For Payment:

CPT may need to disclose health information about you in order to bill your health plan or insurance company or other third party for your treatment in this clinic.

CPT may also need to communicate with your health plan or insurance company about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will pay for the treatment.

For Health Care Operations:

CPT may use and disclose health information about you in order to manage the clinic and ensure that you and other clients receive quality of care.

CPT may use health information about clients who receive physical therapy at CPT to determine if additional services should be offered, or how CPT can better assist clients who receive care in the clinic.

CPT may also disclose your health information to your health plan and other health care providers that care for you in order to assist these plans and providers to improve care, coordinate and manage health care and services and to comply with the law.

Contacting You:

CPT may use and disclose health information to reach you about appointments and other matters. CPT may contact you by mail, telephone, or e-mail. CPT may leave voice messages at the telephone numbers you provide us with, and CPT may respond to your e-mail address.

Treatment Alternatives/Health Related Products and Services:

CPT may recommend or suggest additional treatment options or alternatives that may interest you. CPT may also inform you about health related products that may be of interest to you.

To Avert a Serious Threat to Health or Safety:

CPT may use and disclose health information about you when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person.

Required by Law:

CPT will disclose health information about you when required by federal, state, local law, or court process.

Research:

CPT may use and disclose health information about you for research projects. CPT will ask you for your permission if the researchers will have access to your name, address, or other information that reveals who you are.

Specific Government Functions:

If you are or were a member of the armed forces, or part of the national security intelligence communities, CPT may disclose your health information, under certain circumstances to military authorities.

Worker's Compensation:

CPT may release health information about you for worker's compensation or similar programs that provide benefits for work related injuries or illness.

Public Health Risks:

CPT may release health information about you for public health reasons. These may include disease prevention/control, injury or disability, suspected neglect/abuse, and non-accidental physical injuries.

Health Oversight Activities:

CPT may disclose health information about you to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil law rights.

Law Enforcement:

CPT may release health information about you, if asked to do so by law enforcement in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners, and Funeral Directors:

CPT may release health information about you to a coroner or medical examiner.

CPT may disclose health information about you in a way that does not personally identify you.

Family and Friends:

CPT may disclose health information about you to your family or friends if CPT obtains verbal agreement by you, or if CPT provides you with an opportunity to object to such disclosure and you do not raise objection. CPT may also disclose health information to your family and friends if from the circumstances, based on professional judgment that you would not object. For example, if you bring a family member into the treatment room while treatment is discussed.

In situations where you are not capable of giving consent (due to your incapacity or medical emergency) CPT may use its professional judgment to determine that a disclosure of your health information is appropriate to your family member or friend if it is in your best interest. In that situation, your health information will only be disclosed that is relevant to the person's involvement in your care.

Other Uses and Disclosures Pursuant To Your Signed Authorization

CPT will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you sign the Authorization for CPT to use or disclose health information about you, you may revoke that Authorization in writing at any time. If you revoke your Authorization, CPT will no longer use or disclose health information about you for the reasons documented in your written Authorization. CPT cannot take back any disclosures or uses already made with your permission.

Your Rights Regarding Your Health Information

You have the following rights regarding health information that CPT maintains about you:

Right to Inspect and Copy

You have the right to inspect and copy your health information that CPT keeps and uses to make decisions regarding your care. You must submit a written request in order to inspect and/or copy records of your health information. If you request a copy of this information, there may be a fee charged for the cost of copying, mailing, or other associated supplies.

CPT may deny your request to inspect or copy your health information under certain limited circumstances. If you are denied access or copies of your health information you may request the denial to be reviewed. If the law gives you the right to have the denial reviewed CPT will select a licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your request, and will comply with the outcome of the review.

Right to Correct

If you believe health information CPT has in record about you is not correct or incomplete, you may ask to have an amendment placed in your record.

To request an amendment, complete and submit a medical record amendment/correction form to Core Physical Therapy LLC. CPT will provide one of these forms at your written request.

CPT may deny your request for an amendment if your request is not in writing and /or it does not include a reason to support the request. In addition, the request may be denied if you request information to correct that CPT did not create, is not part of the health information that is maintained, you are not permitted to inspect and copy, and if it is accurate and complete.

Rights to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a record of the disclosures that CPT made of medical information about you for purposes other than treatment payment, health care operations, and a limited number of special circumstances involving national security, and law enforcement. The record may also exclude any disclosures made based on your written authorization.

To obtain this accounting, you must submit your request in writing to CPT. The request should state the time period you are requesting for the accounting. This period may not exceed six years. You may be charged for the cost of providing the list. After notification by CPT of the cost involved you may choose to withdraw your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about your treatment, payment, or health care operations. You also have the right to request a limit on health information we disclose about you to someone involved in your care or the payment for it, like a family member or friend.

CPT is not required to agree to your request. If CPT does agree, CPT will comply with your request unless the information is needed to provide emergency treatment or CPT is required by law to use or disclose the information.

To request a restriction you may submit the request for restriction on use/disclosure of medical information and/or confidential communication to CPT. These forms will be provided at your request.

Right to Request Confidential Communications

You have the right to request that CPT communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you may submit the request for restriction on use/disclosure of medical information and/or confidential communication to the front office. CPT will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. A form will be provided at your request.

Right to a Paper Copy of This Notice:

You have the right to a paper copy of this notice. You may ask CPT to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

Changes To This Notice

CPT reserves the right to change this notice, and to make the revised or changed notice effective for medical information Core Physical Therapy LLC already has about you as well as any information CPT may receive in the future. CPT will post the current notice or a summary of the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with CPT or with the Secretary of the Department of Health and Human Services. To file a complaint contact the privacy officer.

Contact Person:

Core Physical Therapy LLC has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under federal privacy standards. If you have any questions regarding this Privacy Notice, you may contact:

Kellie Barnes, MOMT, MPT c/o Privacy Officer
443 NE Knott Street
Portland, OR 97212
(971) 404-6146

Effective Date: July 10, 2008

I _____ (Patient’s name) acknowledge that I have received, reviewed, understand, and agree to the Notice of Privacy Practice of Core Physical Therapy LLC, which describes the practice’s policies and procedures regulating the use and disclosure of any of my protected health information created, received, or maintained by Core Physical Therapy LLC.

Signature

Date