**Coastal Physical Therapy Services, LLC**

**Notice of Privacy**

This notice describes how your medical information may be used and disclosed and how you may gain access to this information. Please read thoroughly.

***Your health record;*** Each time you are seen at Coastal Physical Therapy Services, LLC, a record is made of your treatment. Your evaluation, injuries, diagnosis, and treatment are recorded, along with insurance information and physician correspondence. This information is considered your medical record and serves in your care and treatment. Understanding the information in your medical record will help you be sure that it is accurate.

***Your health information rights;*** You have the right to request restriction on certain uses and disclosures of your information and to request changes to your medical record. This clinic is not required to accept your request and you may not request changes, uses or disclosures that are required by law. Your rights include the ability to review or obtain a paper copy of your health information and be given an account of all disclosures. You may also request communication of your health information be made by alternate means to alternative locations in a confidential manner. Coastal Physical Therapy Services, LLC is required by law to accommodate reasonable requests to receive communications of health information by alternative means to alternative locations in a reasonable request if you clearly state that disclosures of all or part of the information could endanger you. Coastal Physical Therapy Services, LLC my require you to submit a written request for documents or actions that you have a right to under the Health Insurance Portability Act of 1996.

***Our responsibilities regarding your information;*** Coastal Physical Therapy Services, LLC must lawfully maintain the privacy of your health information and provide you with notice of our legal obligation in regards to the information we collect and maintain about you. Coastal Physical Therapy Services, LLC must abide by the terms of this notice and notify you if we are unable to grant your request restriction regarding communication of your health are needs. We reserve the right to change practices and effect new changes with respect to all health information. In the event that changes are made, we will notify you at the address in your medical record. Other than for reasons stated herein, this clinic will not use or disclose your health information without your consent.

***Use or disclosure of your health information without your authorization;*** Coastal Physical Therapy Services, LLC may use and disclose your health information to provide treatment, obtain payment and perform our health care operations. We may also disclose health care information without your authorization in matters of:

Treatment

Payment

Health Care Operation

Business Associates

Notification to assist family members/ communications with family

Workers Compensation

Public Health

Law Enforcement

Health Oversight Activities

Victims of abuse, neglect or domestic violence-mandated reporting

Judicial and Administrative Proceedings

Otherwise required by law

To receive additional information or report a problem please speak with:

Heather Beal Anderson, PT, DPT, owner.

I have read this notice and understand my rights regarding disclosure of my medical information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature Date