

Notice of Patient Information Practices

This notice describes how medical information about you may be used or disclosed and how you can get access to information. Please review carefully.

Nishati Physical Therapy/Sports Performance & Wellness Legal Duty

Nishati Physical Therapy/Sports Performance & Wellness is required by law to protect the privacy of all patient health information. This policy states that all staff shall adhere to HIPAA regulations and protect our patient's personal health information at all times. Patient information will not be used outside of below disclosures without an authorization from the patient.

Uses and Disclosures of Health Information

Nishati Physical Therapy/Sports Performance & Wellness uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care we provide. For example, we may use your personal health information to contact you to provide appointment reminders or information about treatment alternatives or other health related benefits that could be of interest to you.

Nishati Physical Therapy and Sports Performance & Wellness may also use or disclose your health information without prior authorization for emergencies, research studies, auditing purposes, and public health/statistical purposes. We also provide information when required by law. In any other situation our policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Nishati Physical Therapy/Sports Performance & Wellness may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam area and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

Patient's Individual Rights

As our patient, you have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or operations. You may request in writing that we do not use or disclose your personal health information for treatment, payment, and operations except when specifically authorized by you, when required by law or in emergency circumstances. Nishati Physical Therapy/Sports Performance & Wellness will consider all such requests on a case-by-case basis, but Nishati PT is not legally required to accept them.

Concerns and Complaints

If you are concerned that we may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Privacy Officer at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on our health information practices or if you have a complaint regarding HIPAA regulations, please contact Dr. Sue Breland, PT, DPT, OCS.

*****PLEASE RETAIN THIS COPY FOR YOUR RECORDS*****

Patient Information Consent

I have read and fully understand Nishati Physical Therapy/Sports Performance & Wellness Notice of Information Practices. I understand that Nishati Physical Therapy/Sports Performance & Wellness may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of service provided and any administrative operations. I understand that I have the right to restrict how my personal information is used and disclosed for treatment, payment, and administrative operations, if I notify Nishati PT. I also understand that Nishati Physical Therapy/Sports Performance & Wellness will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in the Nishati Physical Therapy/Sports Performance & Wellness Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice at any time.

Patient Name _____

Signature _____ **Date** _____

Signature of Guardian (if patient is a minor) _____

