

## **NOTICE OF PRIVACY PRACTICES**

EFF. DATE: 10/01/2002

Revised: 10/01/2011

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. If you have questions, please contact SHAWN D. CATES, PT @ (425) 774-3226.**

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you, as well as any information we receive in the future. A current copy of this notice will be posted in the office. Copies of this notice are available upon request.

To comply with legal requirements, as well as to provide you with quality care, it is necessary for us to create a record of the care provided to you in this office. These records may also contain information regarding your medical history, personal, financial, and insurance information. These records are retained for seven years. After seven years they are destroyed.

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

- Make sure that medical information that identifies you is kept private.
- Give you notification of our privacy practices with respect to your medical records.
- Follow the terms of this notice that is currently in effect.

### **Use and disclosure of your medical information**

- To assure quality in your continuum of care, we may disclose medical information about you to other health care professionals, claim managers, or healthcare oversight representatives who are, or will be, involved in taking care of you.
- We may use and disclose medical information about you, as required, so that the services you receive in this office may be billed, and payment for those services may be collected from the responsible party. You are responsible for notifying us of changes to your address or insurance information.
- We will disclose your medical information when required to do so by Federal, State, or Local Law.
- We may disclose medical information about you if necessary to prevent a serious threat to your health and safety or to that of any other person.
- We may release information about you as required by military command authorities.
- We may release information about you in response to a court order, subpoena, or the like.
- We may release information about you if requested by authorized law enforcement officials, coroners, and medical examiners, or by federally authorized personnel such as national security and intelligence officials, or protective services for government officials.

### **Your rights to your medical information**

- You have the right to inspect your medical records. You have the right to obtain copies of your records. To do this, contact the Medical Records Clerk. The clerk will ask that you sign an Authorization for Release of Medical Records, and will inform you of the fees for this service.
- You have the right to amend your records. If you believe there is incomplete or incorrect information in your records, you may submit to our office staff personnel, your amendments in writing, signed and

dated by you. Your amendments will become a permanent addition to your records and will be used and disclosed as previously outlined.

- You have the right to request a history of disclosures of your records for disclosures, on or after April 14, 2003, and other than for permitted purposes as previously outlined. To do this, contact our Medical Records Clerk.
- You have the right to request a restriction or limitation on the information we use or disclose about you. **WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST.** If we do agree, we will comply with your request except in the event of an emergency situation requiring release of the information. Submit your request in writing to our office staff personnel. Your request must include what information you want limited; whether you want to limit use, disclosure, or both; and to whom the limit applies.
- You have the right to request that we contact you in a certain way or at a certain location. This request may be given, in writing to any of our office staff personnel.
- You have the right to obtain a copy of this notice. You may verbally request a copy of this notice at any time from our office staff personnel.

Uses and disclosures of your medical information not covered by this notice or by the laws that apply to us will only be made with your written permission. After you have provided us this permission, you may revoke it, in writing, at any time. We will then no longer release information about you for the reasons covered by that written authorization. We, of course, are unable to take back any disclosures that were made with your permission.

If you believe your privacy rights have been violated, you may submit a complaint, in writing to

**EDMONDS PHYSICAL THERAPY & SPORTS REHABILITATION, P.S.**

**ATTN: SHAWN D. CATES, PT**

**7315 212<sup>TH</sup> ST SW, SUITE 104**

**EDMONDS, WA 98026**

There are no penalties for filing a complaint.