



Ocean Point Physical Therapy
234 S Pacific Coast Hwy Suite 206
Redondo Beach, CA 90277
Phone: (310) 798-9889 Fax: (310)798-4111

NOTICE OF PRIVACY PRACTICES

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.

A. OUR COMMITMENT TO YOUR PRIVACY:

Our Practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We reserve the right to revise or amend the Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that we may create or maintain in the future. You may request a paper copy of our most current Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

- 1. Treatment:** Our practice may use your PHI to treat you. For example, we may ask your physician for x-rays or operation reports and will send initial, progress and discharge reports to your physician.
- 2. Billing:** Our practice may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. At times, insurance companies will request treatment plans and chart notes.
- 3. Quality Assurance Review:** Our practice is a member of Physical Therapy Provider Network and is requested to provide PTPN with one chart and billing records each year so that we can be tested for quality assurance.
- 4. Attorney Cases:** Our practice may be requested to provide your attorney with information about your treatment if you have signed a "release of information" form.
- 5. Appointment Reminders:** Our practice may use your PHI to contact you and remind you of an appointment.

6. **Release of Information to Guardian or Family Member:** Our practice may release your PHI to a guardian or family member that is involved in your care, or who assists in taking care of you. For example, a parent may request information about his/her child's treatment.
7. **Disclosures Required by Law:** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law such as in cases of being subpoenaed.
8. **Worker's Compensation:** Our practice may release your PHI for worker's compensation programs.
9. **Other:** Other uses and disclosures will be made only with your written consent and may be revoked by you in writing. However, your decision to revoke the consent will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your consent.

C. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may request that we contact you at home rather than at work. In order to request a type of confidential communication, you must make a written request to Carol Council, Privacy Officer, specifying the requested method of contact and where. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Carol Council, Privacy Officer.
Your request must describe in a clear and concise fashion:
 - a. The information you wish to have restricted;
 - b. That you are requesting to limit our practice's use, disclosure or both;
 - c. To whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to Carol Council, Privacy Officer, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. Your request must be in writing to Carol Council, Privacy Officer. Our practice may deny your request if you fail to submit your request in writing, individual or entity that created the information is not available to amend the information.
5. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices at any time. To obtain a copy of this notice, contact Carol Council, Privacy Officer.
6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice in writing to Carol Council, Privacy Officer. You will not be penalized for filing a complaint.

7. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing.

D. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Carol Council

Phone: 310-798-9889 Fax: 310-798-4111

This notice is effective on or after 05-01-2013