



P H Y S I C A L T H E R A P Y

N O T I C E O F P A T I E N T I N F O R M A T I O N P R A C T I C E S

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

A2 PHYSICAL THERAPY LEGAL DUTY

A2 PHYSICAL THERAPY is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

A2 PHYSICAL THERAPY uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide. For example, A2 PHYSICAL THERAPY 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.

A2 PHYSICAL THERAPY may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law. In any other situation, A2 PHYSICAL THERAPYs' 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. A2 PHYSICAL THERAPY may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our office. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

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 other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. A2 PHYSICAL THERAPY will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them.

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[F] 253.844.4138

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Tacoma, WA 98406

info@a2pt.family

www.a2pt.family

CONCERNS AND COMPLAINTS

If you are concerned that A2 PHYSICAL THERAPY 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 HIPAA Compliance Office 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 A2 PHYSICAL THERAPYs’ health information practices, or if you have a complaint, please contact the following office:

HIPAA Compliance Office

A2 PHYSICAL THERAPY
3819 6TH AVENUE
TACOMA WA 98406
253-844-4137

EVERY PATIENT MUST RECEIVE A COPY OF THIS FORM

P A T I E N T I N F O R M A T I O N C O N S E N T

I have read and fully understand A2 PHYSICAL THERAPYs’ Notice of Information Practices. I understand that A2 PHYSICAL THERAPY may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the Company in writing. I also understand that A2 PHYSICAL THERAPY 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 A2 PHYSICAL THERAPYs’ Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the Company in writing at any time.

Print Name

Date

Signature

REQUEST SIGNATURE FROM EVERY PATIENT