



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.

Legal duty:

We are required 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:

Surf and Sport Physical Therapy uses your personal health information primarily for treatment, obtaining payment for treatment, and evaluating the quality of care that we provide, as well as for internal administrative activities; for example, we may use your personal health information to contact you to provide appointment reminders or to provide you with information about treatment alternatives or other health-related services that could be of benefit to you.

Surf and Sport Physical Therapy may also use or disclose your personal 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 further disclosure at any time.

Surf and Sport Physical Therapy may change its policy at any time. When changes are made, a new notice of information practices will be posted. You may request an updated copy of our notice of information practices at any time.

Patients 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 for reasons other than treatment, payment or other related purposes. You may also request in writing that we do 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 emergency circumstances.

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. You may also send a written complaint to the US Department of health and human services.

Acknowledgment of patient information practices:

I have read and fully understand Surf and Sport Mobile Physical Therapy notice of patient information practices. I understand that Surf and Sport Mobile 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 practice. I hereby consent to the use and disclosure of my personal health information for purposes as noted in Surf and Sport Mobile Physical Therapy notice of patient information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient name: _____

Signature: _____ **Date:** _____

Guarantor name: _____

Signature: _____ **Date:** _____