

Notice of Privacy Practices and Authorization to Treat

In compliance with the **Health Insurance Portability and Accountability Act (HIPAA)**, TheraCORE is informing you of your privacy rights. 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.

1) Uses and Disclosures We will use your **protected health information (PHI)** for the purposes of treatment, payment and health care operations. *PHI is confidential information about a patient, including demographic information.*

Treatment includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians and other physical therapists.

Payment includes the disclosure of health information to your insurance company, including Medicare and Medicaid, so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.

Health Care Operations includes the utilization of your records to monitor the quality of care being given at our facility or for business planning activities.

Other Special Uses

Our practice may use your PHI to send you an appointment reminder, to inform you of our other health-related products and services, or to request a contribution to our charitable activities.

Uses and Disclosures Required by Law

The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if we are provided with very specific assurances that your privacy will be protected. We may also disclose your PHI when we are required to do so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions.

We may use and disclose health information about you to avert a serious threat to your health or safety or the health or safety of the public or others. If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities. We may also release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness.

Your authorization is required before your PHI may be used or disclosed by us for other purposes.

2) Your Privacy Rights

Restrictions

You have the right to request restrictions on how your PHI is used, however, we are not required to agree with your request. If we do agree, we must abide by your request.

Confidential Communications

You have the right to request confidential communication from us at a location of your choosing. This request must be in writing.

Access to PHI

You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing.

Amendments

You have the right to request an amendment be made to your PHI, if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the

change. You do have the right to submit a written statement about why you disagree that will become part of your record. We may not amend parts of your medical record that we did not create.

Accounting of Disclosures

After April 14, 2003, you have the right to request an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, payment, or health care operations or for which we have obtained authorization.

Complaints

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services.

Our Duty to Protect Your Privacy

We are required to comply with the federal health information privacy regulations by maintaining the privacy of your PHI. These rules require us to provide you with this document, our Notice of Privacy Practices. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us.

This Notice of Privacy Practice can also be accessed on our website www.theracorept.com.

Privacy Contact

If you would like more information about our privacy practices or to file a complaint you may contact:

Name: Jennifer Bazan

Title: Privacy Officer

Address: 16622 W. 159th Street, Unit 503, Lockport, IL 60441

Phone: 815-838-5070

Effective Date:

This notice will take effect April 14, 2003

Receipt of Notice of Privacy Practices Form

My signature below acknowledges my receipt of TheraCORE's Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how TheraCORE may use and disclose my confidential information.

I understand TheraCORE has reserved a right to change its privacy practices that are described in the Notice. I also understand a copy of any Revised Notice will be provided to me or made available at my next office visit.

My signature also authorizes the release of medical information needed to process my claim, allowing an assignment of benefits where a claim has been filed. I am authorizing treatment at TheraCORE, Inc.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient _____.