

Diamondback Physical Therapy
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 IT CAREFULLY.

OUR LEGAL DUTY

Diamondback Physical Therapy is required by law to protect the privacy of your personal health information. We are also required to provide this notice about our information practices and to follow the information practices that are described herein. This notice takes effect April 14, 2003. We reserve the right to change our privacy practices and the terms of this notice at any time as permitted by law. If any change is made, this notice will be updated and made available upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

Diamondback Physical Therapy uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, contacting patients for appointment reminders, and other healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, or credentialing activities.

Diamondback Physical Therapy may disclose your health information to your referring physician or current health care provider, a family member or friend where appropriate, and other business associates we have contracted with to perform services. To protect your health information, however, we require business associates to appropriately safeguard your information.

Diamondback Physical Therapy may also use or disclose your personal health information without prior authorization for public health purposes, auditing purposes, research studies, and for emergencies. We also provide information when required by law.

In any other situation, Diamondback Physical Therapy's 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.

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. Diamondback Physical Therapy will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Diamondback 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 practice manager at the address listed below. You will not be penalized for filing a complaint. You may also send a written complaint to the US Department of Health and Human Services. For further information on Diamondback Physical Therapy's health information practices or if you have a complaint, please contact the following person:

Diamondback Physical Therapy
Privacy Officer
323 S. Gilbert Rd., Suite # 115
Gilbert, AZ 85296
Telephone: 480-632-6667 Fax: 480-632-6668

I have read and fully understand Diamondback Physical Therapy's Notice of Patient Information Practices. I understand that Diamondback Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, conducting internal administrative activities, contacting patients for appointment reminders, and other healthcare operations as described in the notice.

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 also understand that Diamondback Physical Therapy will consider requests for restriction on a case by case basis, but is not legally required to accept them.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Diamondback Physical Therapy's 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.

Name: _____

Signature: _____

Date: _____