



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.

Optimum Wellness Physical Therapy is required, by law, to maintain the privacy and confidentiality of your protected health information to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

- We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.
- On occasion, it may be necessary to seek consultation regarding your condition from other healthcare providers associated with Optimum Wellness Physical Therapy.
- It is our policy to provide a substitute healthcare provider, authorized by Optimum Wellness Physical Therapy. To provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary healthcare provider's absence due to vacation, sickness, or other emergency.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or healthcare operations. As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Optimum Wellness Physical Therapy for healthcare service rendered. If you pay your healthcare services personally, we will as a courtesy, provide an itemized billing statement to your insurance carrier for the purpose of reimbursement to you. The billing statement contains information, including diagnosis, date of injury, or condition, and codes which describe the health care services received.

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health care information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to the law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information to military, national security, prisoner and government benefits purposes.

Marketing

We may contact you for marketing purposes as described below:

- It is our policy to send patients a monthly newsletter, as well as occasional other correspondence Regarding special events and offers. No personal health information will be disclosed in these correspondences.

- As a courtesy to our patients, we may call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Change of Ownership

In the event that Optimum Wellness Physical Therapy is sold or merged with another organization, your health information/records will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Optimum Wellness Physical Therapy is not required to agree to the restriction that you requested.

- You have the right to have your health information received or communicated through an alternative method or sent to an alternate location other than the usual method of communication or delivery, upon your request

- You have the right to inspect and copy your health information.

- You have a right to request that Optimum Wellness Physical Therapy amend your protected health Information. Please be advised, however, that Optimum Wellness Physical Therapy is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

- You have a right to receive an accounting of disclosures of your protected health information made by Optimum Wellness Physical Therapy.

- You have a right to a paper copy of this notice of privacy policies at any time upon request.

Changes to this Notice of Privacy Practices

Optimum Wellness Physical Therapy reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Optimum Wellness Physical Therapy is required by law to comply with this Notice.

Optimum Wellness Physical Therapy is required by law to maintain the privacy of your health information and to provide you notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information, you may contact the office at (703) 335-8280 to make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights or how Optimum Wellness Physical Therapy has handled your health information should be directed to this office by calling (703) 335-8280 to make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, D.C. 20201

This notice is effective as of May 9, 2011

I have read the Privacy notice and understand my right contained in the notice.

By way of my signature, I provide Optimum Wellness Physical Therapy with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment, and health care operations as described in the Privacy Notice.

Patient's Name (please print)

Patient's Signature

Date

Authorized Facility Signature

Date