

NOTICE OF PRIVACY PRACTICES

CUTTING EDGE PHYSICAL THERAPY

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.

USES AND DISCLOSURES

Treatment: Your health information may be used by staff members or disclosed to other health professionals for the purpose of evaluating, diagnosing and providing treatment.

Payment: Your health information may be used to seek payment from your health insurance or other sources of coverage such as worker's compensation, automobile insurance, attorneys, etc. These insurers may request and receive information on dates of services, services provided and medical condition being treated. Your information may also be used to receive or obtain prior approval or determine whether your plan will cover your services.

Other Uses and Disclosures of Health Information

Law Enforcement: Your health information may be disclosed to law-enforcement agencies, to facilitate law-enforcement investigations without your permission, to support government audits and inspections, to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law.

Duties: We are required by law to maintain the privacy of your Protected Health Information and to provide you with this notice of privacy practices. We will not use or disclose your health information for any purpose other than those identified within this document without your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke the authorization.

RIGHTS AND CHOICES

Requests to Inspect Protected Health Information: You may generally inspect or copy the protected health information that we maintain. As permitted by Federal regulation, we require that requests to inspect or copy Protected Health Information be submitted in writing. You may request access to your records by contacting our receptionist or Privacy Official. Your request will be reviewed and generally approved unless there are legal or medical reasons to deny the request.

Individual Rights:

- ~ The right to request restrictions on the use and disclosure of your Protected Health Information
- ~ The right to inspect and copy your Protected Health Information
- ~ The right to amend or submit corrections to your Protected Health Information
- ~ The right to receive an accounting of to whom you're Protected Information has been disclosed
- ~ The right to receive a printed copy of this notice

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Additionally, changes in our policies and practices may be required by Federal and State Law or regulations. The revised policies and procedures will be applied to all Protected Health Information we maintain.

HOW TO REACH US

If you have any questions, concerns or complaints about our privacy practices or feel your privacy rights have been violated, please call or write us at:

Privacy Official, Cutting Edge Physical Therapy
4951 Long Prairie Road, Suite 110
Flower Mound, Texas 75028
972-410-5777