



Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 (**HIPAA**) is a law that requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, rights to be informed on how your personal health records are used. HIPAA, provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your personal health care records for:

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include physical therapy examinations and therapeutic exercise.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your health insurance for your rendered physical therapy services.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include an assessment review.
- **Abuse or Neglect:** We will notify government authorities if we believe a patient is a victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.
- **Public Health, National Security, and Intelligence Activities:** We may be required to disclose to federal officials or military authority, health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding or new side effects of a drug or medical device.
- **For Law Enforcement:** As permitted or required by state or federal law, we may disclose your health information to a law enforcement official for any circumstance required by law.
- **Family, Friends and Caregivers:** We may share your health information with those that are directly involved in your care or payment of services.
- **Worker's Compensation and similar programs**

Any other use or disclosure of your personal health information, other than as stated above or where federal, state or local law requires us, will only be made with your written authorization. You may revoke that authorization in writing at any time as we are required by law to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

PATIENT RIGHTS

You have certain rights regarding your personal health information, which you can exercise by presenting written request to our Privacy Officer at the address listed below:

- **Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information, including those related to family members, other relatives, close personal friends, or any other person identified by you. However, we are not required to agree to such restriction. If we do agree to it, we must abide by it unless you agree in writing to remove it.
- **Confidential Communications:** You have the right to request that we communicate with you in a reasonable way or by alternative means.
- **Inspect and copy your Health Information:** You have the right to read and review your health information, including your chart and billing records.
- **Accounting:** You have the right to receive an accounting of disclosures of your health information.

- **Amend Your Health Information:** You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete.
- **Request a Paper Copy of our Notice of Privacy Practices:** You have the right to obtain a paper copy of this privacy notice upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions for all protected health information that we maintain.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Purvi Sheth, MSPT, CSCS
Pure Sports Physical Therapy
2121 Wisconsin Avenue, NW
Washington DC 20007

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue SW
Washington, DC 20201
877-696-6775 (toll-free)

_____, will allow Pure Sports Physical Therapy to use and disclose my protected
Name of patient (please print)

health information to carry out treatment, payment and health care operations.

Signature of patient

Date