

# **NOTICE OF PATIENT INFORMATION PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE RELEASED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. REVIEW CAREFULLY.**

## **UCPT'S LEGAL DUTY**

UCPT is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

## **USES AND DISCLOSURES OF HEALTH INFORMATION**

UCPT uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities, for example, chart audits for completeness, and evaluating the quality of care that we provide. UCPT may use your personal health information to contact you about information on treatment alternative or other health related benefits that could be of interest to you. For example, our database of email addresses will be used by our Business Associate for the purpose of sending out newsletters on our behalf.

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

In any other situation, UCPT'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.

UCPT may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

## **PATIENTS 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. UCPT 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 UCPT 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 Office Manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on UCPT's health information practices, or if you have a complaint, please contact the following:

**University City Physical Therapy • 5190 Governor Drive #107 • San Diego, CA 92122 • (858) 452-0282**

**I HAVE READ AND FULLY UNDERSTAND UNIVERSITY CITY PHYSICAL THERAPY'S NOTICE OF INFORMATION PRACTICES.**

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**SIGNED**

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**DATE**

12/05/2007