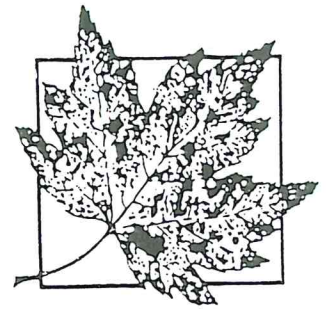


Midwest Physical Therapy, PC
Confidentiality
Protected Health Information Policy



**MIDWEST™
PHYSICAL
THERAPY**

The U.S. Department of Health and Human Services recently enacted regulations, "HIPAA" which require health care providers to maintain the privacy/confidentiality of health information which they receive or obtain from their patients.

Midwest Physical Therapy, PC is committed to maintaining the privacy of our patients and protecting their health information. Every attempt will be made to insure that your medical record and protected health information is kept confidential.

Uses and Disclosure of protected health information:

- **Treatment**
- **Payment**
- **Health Care Operations**
- **Appointment reminders:** If you do NOT wish to have a message left of an appointment with anyone other than yourself, please notify your treating physical therapist.
- **Required by Law:** if the courts for any reason subpoena the records
- **Public Health Activities:** includes mass epidemic
- **Abuse, Neglect, or Domestic Violence**
- **Law Enforcement**
- **Medical examiners, coroners**
- **Research**
- **Serious threats to health and safety**
- **Specialized government functions**
- **Worker's Compensation**

Patients Rights:

- **Requesting Restrictions**
- **Confidential Communication:** Please note, your Physical Therapist takes notes during the initial evaluation and sends a letter to the referring physician. Notes are also taken during appointments and progress notes are sent to the Dr. prior to appointments (please tell your therapist about upcoming Dr. appointments)
- **Inspection and copies**
- **Amendment**
- **Accounting of Disclosures:** the patient has the right to know when and to whom protected health information has been disclosed.
- **Right to paper copy of Notice**
- **Right to File a Complaint**
- **Right to provide an authorization for other uses and disclosures**

Please sign and date that you have read and understand the information regarding patient confidentiality. If there are questions, then you may read the entire policy on Protected Health Information.

Name: _____

Date: _____