



PELTZ AND ASSOCIATES  
PHYSICAL THERAPY INC

## NOTICE OF PRIVACY PRACTICES

### INTENT OF PRIVACY NOTICE

Effective Date: June 1, 2006

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

PELTZ AND ASSOCIATES PHYSICAL THERAPY INC is devoted to protecting your private health information. We want you to feel comfortable with all aspects of your care with us and we want you to be confident that your health information is being fully protected. The following policy is designed to inform you about how health information will be used. All employees, interns, and residents at PELTZ AND ASSOCIATES PHYSICAL THERAPY INC will follow the guidelines in this notice and you should feel confident that we are doing everything we can to protect your information while providing the highest level of professional services possible.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- **Treatment:** We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, we may send information to your physician in order to coordinate care.
- **Obtaining Payment:** We may use and disclose your personal health information so that we may bill and receive payment for services you receive at PELTZ AND ASSOCIATES PHYSICAL THERAPY INC. For example, we may send information to your insurance company in order to obtain payment.
- **Health Care Operations:** We may use or disclose your Protected Health Information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of physical therapy interns/residents, licensing, and conducting or arranging for other business activities. We may call you by name in the waiting room when your therapist is ready to see you. We may also contact you for appointment reminders or about treatment alternatives or health-related benefits and services that may be of interest to you. For example, we may send you a newsletter or other notice about the practice, services that we offer, or new breakthroughs in research or treatment that may benefit you.

**We may also disclose your information to the following entities and in the following circumstances:**

- **Public Health Agencies:** to satisfy reporting requirements for controlling disease, injury or disability.
- **Health Oversight Agencies:** to these agencies as per audits, inspections, or other activities.
- **Legal Entities:** to an individual when ordered by a court or other legal process to do so.
- **Law Enforcement:** to law enforcement officials when necessary and required by law.
- **Research:** when approved by an institutional review board with privacy protection polices in place.
- **National Security:** to authorized federal officials for conducting national security.
- **Emergencies:** your health information may be disclosed for emergency treatment.
- **Release of Information to Family/Friends:** to a friend or family member that is helping you pay for your health care or who assists in taking care of you.

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

- **Other uses and disclosures:** Disclosure of your health information or its use for any purpose other than those listed above requires 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.

## **PATIENT'S RIGHTS**

- To review or request a copy of your health information (see below).
- To request that your health information be corrected or amended if it contains inaccurate or incomplete information.
- To request and receive a list of who was provided with your health information, subject to certain exceptions.
- To request in writing that your health information not be used or disclosed without authorization.
- To request restrictions on the use of your health information, although we are not required by law to agree to all requested restrictions.
- To request that communications regarding your health information be sent by alternative means or to alternative locations.
- To request a paper copy of this policy.

## **REQUESTING YOUR PERSONAL HEALTH INFORMATION**

You have the right to inspect and copy your medical information and billing information, as indicated above. In order to do so, you must submit your request in writing to PELTZ AND ASSOCIATES PHYSICAL THERAPY INC. We may charge a fee for this service including costs of copying, mailing, or other supplies associated with your request.

## **OUR LEGAL DUTIES**

- To protect your privacy and health information at all times.
- To inform you of our legal duties and privacy practices.
- To follow the policies and practices listed in this notice.
- To provide you with this notice.
- To revise our policy at any time and, upon revision, to post a copy in the office and offer a copy to all current patients/clients on their subsequent visit.

## **CONTACT**

If you have further questions or comments regarding this notice you may contact the privacy officer at PELTZ AND ASSOCIATES PHYSICAL THERAPY INC. If you have a complaint regarding this notice you may also contact our privacy officer and/or the Secretary of the US Department of Health and Human Services either verbally or in writing. You will not be penalized for this action. Please refer below for our contact information.

Privacy Officer: Aaron Peltz  
Telephone number: (707) 542-5400  
Address: 101 Wikiup Drive, Suite B, Santa Rosa, CA, 95403