PHYSICAL THERAPY CENTRAL

Patient Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. Please read carefully.

The office of Physical Therapy Central (referred to hereafter as the or this "office") is committed to protecting your personal medical information. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care and complies with this office's medical retention requirements. This notice applies to the medical records maintained by this office and it specifically details the ways in which your medical information may be used and disclosed to third parties. This notice also details your individual rights regarding your medical records.

1. This office may use and/or disclose your medical information consistent with valid consent granted by you for the purposes of:
   a. Treatment – In order to provide you with the health care you require, this office will provide your medical information to those health care professionals within this office or another office that is directly involved in your care so that they may understand your medical condition and needs.
   b. Payment – In order to obtain payments for services provided, this office will provide your medical information directly or through a billing service to appropriate third-party payers, pursuant to their billing payment requirements. For example, this office may need to provide your insurance plan with information regarding the treatment(s) you are going to receive so that it can be determined whether or not your plan will cover the treatment.
   c. Health Care Operations – In order to gain an overall view of various elements of this office's operations, individual medical information may be collected, compiled, or disseminated. For example, this office may utilize your medical information in order to evaluate the performance of our personnel in providing care to you.
2. This office may use and/or disclose your medical information, without a written consent, in the following instances:
   a. Communication Barriers – If, due to substantial communication barriers or inability to communicate, this office has been unable to obtain consent and this office determines, in the exercise of its professional judgment, that your consent to receive treatment is clearly inferred from the circumstances.
   b. Involvement in Care or Payment – In accordance with applicable laws, disclosure may be made to your family members, other relatives, close personal friends, and/or any other person identified by you, of such information that is relevant to the person's involvement with your care or payment related to your health care.
   c. Notification – In order to notify or assist in the notification of a family member, a personal representative or another person responsible for your care, of your location or general condition.
   d. Required by Law – When and to the extent that such disclosure is required by law, complies with and is limited to relevant requirements of such law.
   e. Threat to Health and/or Safety – If it is necessary to prevent or lessen serious and imminent threat to the health and/or safety of a person or the public, in accordance with applicable laws.
   f. Appointment Reminders, Treatment Alternatives, and Health Related Benefit – In order to provide you with appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
   g. Public Health Risks – In order to prevent or control disease, injury, and disability and report child abuse or neglect.
   h. Lawsuits and Disputes – In order to comply with a court or administrative order in connection with a lawsuit or dispute.

3. Your Individual Rights – You have the right to:
   a. Revoke any authorization and/or consent, in writing, at any time. To request a revocation, please submit a written request to Physical Therapy Central, 440 Merchant Drive, Norman, OK 73069.
   b. Request restrictions on certain uses and/or disclosures as provided by law; however, this office is not obligated to agree to any requested restrictions. To request restrictions, please submit a written request to this office. In your written request, you must inform this office of what information you want to limit, whether you want to limit this office's use or disclosure, or both, and to whom you want the limits to apply. If this office agrees to your request, we will comply with the request unless the information is needed in order to provide you with emergency treatment.
   c. Receive confidential communications of protected health information as required by law. To request confidential communications, you must make your request in writing to this office's privacy officer, as set forth in Section 3 (d) below. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.
   d. Inspect and copy protected health information as provided by law. This right includes access to medical and billing records. To inspect and copy health care inforamtion, please submit a written request to this office. This office can charge you a fee for the cost of copy, mailing, or other supplies associated with your request. This office may deny you access to medical information, but you have the right to have this denial reviewed as will be set forth more fully in the written denial notice.
   e. Amend incorrect or incomplete protected information as provided by law. To request an amendment, please submit a written request to this office. You must provide a reason that supports your request for the amendment(s). This office may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by this office (unless the individual or entity that created the information is no longer available), if the information is not part of the medical information maintained by the office, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete.
   f. To file a complaint with this office if you believe your privacy rights have been violated. To file a complaint, please contact this office. All complaints must be in writing.
   g. To have any questions about your rights answered. Please contact this office with any questions.
4. Office Rights and Requirements – This office:
   a. Is required by law to maintian the privacy of protected health information and to provide the individuals with notice of its legal duties and privacy practices with respect to protected information.
   b. Is required to abide by the terms of this notice.
   c. Reserves the right to change the terms of this notice and to make the new notice provisions effective for all protective information that it maintains.
   d. Will give to you, and you will be required to sign, a receipt for any revised notice.
   e. Will not retalitate against you for filing a complaint.
5. This original notice is in effect as of October 15th, 2004.