

**PEDIATRIC PHYSICAL THERAPY, LLC.
881 Hillcrest Rd
MOBILE, AL. 36695**

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

This Privacy Notice covers Pediatric Physical Therapy, LLC.

The effective date of this notice is June 9th, 2003.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you is personal and are committed to protection your health information. Health information is your health history, symptoms, test results, diagnosis, treatment, and claims and payment history. We create a record of the care and services you receive within Pediatric Physical Therapy, LLC. The record is needed in order to provide you with quality care and to comply with certain legal requirements. The notice applies to all records pertaining to your health care in possession by Pediatric Physical Therapy, LLC.

This notice will tell you about the ways in which we may use and disclose you health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that your health information is protected
- Give you this notice of our legal duties and privacy practices with respect to your health information
- Follow the terms of the Pediatric Physical Therapy, LLC. privacy notice

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose your health information. Not every use of disclosure in a category will be listed.

1. **General Uses and Disclosures.** Under the Privacy Rules, we are permitted to use and disclose your health information for the following purposes, without obtaining your permission or authorization:

Treatment: We can use and disclose your health information to provide medical treatment or services. For example, we may disclose your health information to your primary care provider, consulting providers and to other health care personnel who have a need for such information for your care and treatment.

Payment: We can use and disclose your health information for the purposes of determining coverage, billing and payment. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, procedures and supplies used in your treatment.

Health Care Operations: We can use and disclose your health information for our health operations. These include but are not limited to: quality assurance, auditing, licensing, credentialing and for educational purposes. For example, we can use your health information to internally assess our quality of care provided to patients.

As Required By Law: We may use and disclose your health information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

Public Health Activities: We may disclose your health information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.

Abuse and Neglect: We may disclose your health information to a local, state or federal government authority, if we have a reasonable belief of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal requests.

Law Enforcement Purposes: We may disclose your health information to law enforcement officials when required to do so by law.

Coroners, Medical Examiners and Funeral Directors: We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may

also release your health information to funeral directors as necessary to carry out their duties.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety, or that of others, or for the safety and security of the correctional institution.

Threat to Health or Safety: We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Specialized Government Functions: If you are a member of the U.S. Armed Forces, we may release your health information s required by military command authorities. We may also disclose your health information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.

Workers' Compensation: We can release your health information to your employer to the extent necessary to comply with Alabama law relating to workers' compensation or other similar programs.

Appointment Reminders/Treatment Alternatives: We may use and disclose health information to contact you as a reminder of an appointment for treatment or medical care. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Business Associates: We may disclose your health information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your health information.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process where certain safeguards are in place to ensure the privacy and protection of your health information.

Other Uses and Disclosures: In addition to the reason outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Rules. For example, if reasonable precautions are taken to minimize the chance that others who may be nearby accidentally overhear your health

information, the following practices are permissible under the Privacy Rules, because they are considered incidental disclosures: health care staff may orally coordinate services; health care professionals may discuss a patient's condition over the phone with the patient, a provider, or a family member; health care professionals may discuss a patient's condition during training rounds and for training purposes.

2. **Uses and Disclosures, Which Require You the Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your health information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.
3. **Uses and Disclosures, Which Require Written Authorization.** We can use your health information for purposes other than the categories listed above with your written authorization. For example, in order to disclose your health information to a company for marketing purposes, we must obtain your authorization. Under the Privacy Rules, you may revoke your authorization at any time. The revocation of your authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your health information; the authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or your health information was obtained as a part of a research study and is necessary to maintain the integrity of the study.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: Upon written request, you have the right to inspect and copy your own health information contained in a designated record set, maintained by or for us. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the health information we maintain. Where permitted by the Privacy Rules, you may request that certain details to inspect and copy your health information be reviewed. If you request a copy or a summary of explanation of your health information, we may charge you a reasonable fee for copying costs, including the cost of supply and labor, postage and any other associated costs in preparing the summary of explanation.

Right to Request and Amendment of Your Health Information: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request and amendment of

you health information as long as the information is kept by or for Pediatric Physical Therapy, LLC. System. We may deny your request if we determine you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not health information maintained by or for us; is health information that you are not permitted to inspect or copy; or we determine the health information is accurate and complete. We will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement or disagreement, and a description of how you may file a complaint.

Right to an Accounting of Disclosures of Your Health Information: You have the right to receive and accounting of disclosures of your health information made by us within six (6) years prior to the date of your request. This is a list of disclosures we made of health information about you. The accounting will not include: disclosures related to treatment, payment or health care operations; disclosures to you; disclosures based on your authorization; disclosures that are part of the Limited Data Set (i.e. data which does not contain information which can identify you); incidental disclosures; disclosures to persons involved in your care or payment for your care; disclosures to corrections institutions of law enforcement officials; disclosures for facility directories; or disclosures that occurred prior to June 9th, 2003. The first list you request within a twelve (12) month period is free. For additional lists, we may charge you the cost of providing the list.

Right to Request Restrictions on the Use and Disclosure of Your Health Information: You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or the payment for you care, like a family member or close friend. **We are not required to agree to your request.** Except in unusual circumstances, it is our general policy not to agree to such requests. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Alternative Communications: You have the right to receive confidential communications of your health information by a different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail. We will accommodate all reasonable requests.

Right to a Paper Copy of this Privacy Notice: You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically.

Social Security Number: _____

Date of Birth: _____

Medical Record Number: _____

Account Number: _____

**BY SIGNING BELOW, I HEREBY ACKNOWLEDGE RECEIPT OF THIS
PRIVACY NOTICE by Pediatric Physical Therapy, LLC.**

Printed Name of Patient

Date

Signature of Patient or Patient's Representative

Printed Name of Patient's Representative (if applicable)

Representative's Relationship to Patient (if applicable)

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After a good faith attempt to obtain an Acknowledgement of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason:

Signature of Pediatric Physical Therapy, LLC.
Representative

Date