

Physical Therapy Innovations

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY. A COPY IS AVAILABLE UPON REQUEST.

OUR LEGAL DUTY : EFFECTIVE 4/14/03, WE ARE REQUIRED BY LAW TO PROTECT THE PRIVACY OF YOUR PERSONAL HEALTH INFORMATION, TO PROVIDE THIS NOTICE ABOUT OUR INFORMATION PRACTICES, AND TO FOLLOW THE INFORMATION PRACTICES DESCRIBED HEREIN.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use your personal health information primarily for treatment, for obtaining payment for treatment, for conducting internal administrative activities, and for evaluating the quality of care that we provide. For example, we may use your personal health information to contact you to provide appointment reminders, or to provide you with information about treatment alternatives or other health-related benefits that could be of interest to you.

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

In any other situation, our 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.

We may change our policy at any time. When changes are made, a new Notice of Patient Information Practices will be posted in the waiting room and patient exam areas. You may also request an updated copy of our Notice of Patient Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time (we may charge you a nominal fee for providing you with copies of your records). 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 in which 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 situations.

We will consider all such requests on a case-by-case basis, but we are not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that we 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 us at the address listed below. You may also contact the U.S. Department of Health and Human Services to learn more about your privacy rights or to file a written complaint. For further information regarding our health information practices, or if you have a complaint, please contact us at:

Physical Therapy Innovations
Kamika Turner, HIPAA Compliance Officer
425 Kearney Street
El Cerrito, CA 94530
Telephone: 510-524-2177
Fax: 510-525-2875

TO OUR PATIENTS REGARDING BILLING, PAYMENT AND OFFICE POLICY

Thank you for choosing our practice. Please take time in reading the important information below. A copy can be provided upon request.

- **Failed Appointments:** We reserve a time slot for each patient treatment. **There is a \$75 charge for a missed appointment or for a cancellation with less than 24 hours of notice!** This charge will be paid by you personally. Even if it is a last minute cancellation, we greatly appreciate you notifying us so we can attempt to schedule our patients on waiting list into your space.

We are professionally obligated to notify your physician about attendance or compliance issues. Your commitment to attending your appointments, being here on time, and doing your home exercise program is critical for us to help you heal your injuries.

- **To Patients using Health Insurance Plans or Medpay Insurance:** Ultimate financial responsibility for services rests with the patient. Our office will submit health insurance claim forms to your insurance plan. The patient portion is due at the time of service and any other balance is due within 30 days from the receipt of our billing to you.
- **To Patients with deductibles and/or copays.** You will be responsible for any copay and/or deductible amount applied on our bills for services rendered. Copays and deductible amounts are due at the time of service, however, copays for pool therapy will be billed to you. After your insurance has processed our claims, you may receive a bill from our billing service for any balance due. Please contact your insurance company with questions regarding your coverage.
- **To Patients who are not using their insurance plans:** Payment is expected at the time services are rendered. We will not submit insurance claims for you.
- **Records Requests and Outside Forms or Letters:** If you need to obtain a copy of your records, or need your physical therapist to fill out a form or write a letter in addition to what we generally provide to your referring doctor, please make the request in writing. There is a minimum processing fee of \$30.00 per request payable at the time of your request.
- **Use of gym equipment:** Your therapist may allow you to use our gym equipment for exercise at your convenience and during your course of therapy. Independent exercises should be performed as instructed by your therapist in order to prevent potential injury. For your own safety, we kindly ask that you please refrain from doing any activity not previously discussed with your doctor or therapist. Signing below demonstrates your understanding and agreeance to this rule.
- **Appointment reminders:** We have an automated reminder call system which will call and remind you of your appointment the day before. This is done as a courtesy. You are responsible for knowing when your appointments are scheduled. If you do not wish to receive reminder calls or if there is an alternate telephone number you wish to be reached at, please inform our receptionist.

We outline our policies here because we want to avoid any potential misunderstandings. Thank you.