



Physical Therapy of Leicester 149 New Leicester Highway Asheville, NC 28806
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NOTICE OF PATIENT INFORMATION PRACTICES

Physical Therapy of Leicester, Inc. (PTOL, d/b/a Asheville Family Fitness & Physical Therapy) is required by law to protect your personal health information and provide notice as to how that information is used and disclosed as described herein. Please review it carefully and ask us any questions.

USES & DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

PTOL uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide. Examples of these include, but are not limited to: physicians, insurance companies or other payers, health care agencies, and/or other medical care providers involved in your health care, medical equipment providers, and/or other persons / family members you've indicated as responsible for your care. This information will only be provided when required to assure appropriate coordination of medical services and when in your best interests. PTOL may also use or disclose your personal health information without prior authorization for the protection of the public and public health purposes, for auditing purposes, for research studies, for emergencies, for reporting abuse or neglect, for administrative, law enforcement, or other judicial proceedings, and where required by law. In any other situation, PTOL is to obtain your written authorization before disclosing your personal health information. If you do provide us with a written authorization to release your information for any reason, you may later revoke that authorization, in writing, to stop future disclosures at any time.

TRANSMISSION OF MEDICAL INFORMATION

As the need for speedy exchange of information may be important for the purposes of continuity of care and exchange of essential and timely information regarding your current care and treatment, PTOL may use the most efficient method available while preserving the confidentiality of your personal health information. You have the right to have your PHI be received or communicated through an alternative method and/or sent to an alternative location other than our usual & customary method of communication or delivery, upon your written request.

OTHER INDIVIDUAL RIGHTS REGARDING YOUR PHI

You and/or your guardian(s) have the right to: review, copy, or obtain a copy of your personal health information or this notice at any time; request that we change any inaccurate or incomplete information in your records; request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or administrative purposes; that we not use or disclose your personal health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. All requests must be in writing and will be considered, however, are not legally required to be accepted by PTOL.

PTOL may change its privacy policies and/or this *Notice of Information Practices* at any time in the future as allowed and compliant with current law. When changes are made, a new *Notice of Information Practices* will be posted in the waiting room and will be provided to you by request at any time.

By way of my signature, I acknowledge that I have read & understand my rights contained herein, and I provide PTOL with my authorization and consent to use and disclose my PHI for the purposes as described in this Notice:

Patient Name

Signature

Date