Putnam Physical Therapy Services

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.

Putnam Physical Therapy Services' LEGAL DUTY

Putnam Physical Therapy Services (hereafter referred to as PPTS) is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

PPTS 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. For example, PPTS may use your personal health information to contact you to provide appointment reminders or information about treatment alternatives of other health related benefits that could be of interest to you.

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

In any other situation, PPTS' 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.

PPTS may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of 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. You have the right to request a list of instances where 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 circumstances. PPTS will consider all such requests on a case-by-case basis but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that PPTS 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 our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on PPTS' health information practices or if you have a complaint, please contact the following person:

Putnam Physical Therapy Services
Larry H. Burks, P.T.
1140 Perimeter Park Drive, Cookeville, TN 38501
Telephone: 931-526-2345 Fax: 931-528-1460

(Over)

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PATIENT INFORMATION AUTHORIZATION FORM

I have fully read and understand PPTS' Notice of Information Practices. I understand that PPTS may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to the treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operation if I notify the practice. I also understand that PPTS will consider requests for restrictions on a case-by-case basis but does not have to agree to requests for restrictions.

I hereby authorize the use and disclosure of my personal health information for purposes as noted in PPTS' Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

____
Printed Patient Name

____
Patient Signature

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Date