

SPORTS THERAPY AND REHABILITATION, INC
1112 16TH ST NW, SUITE 200
WASHINGTON, DC 20036

NOTICE OF PRIVACY PRACTICES

To our patients: This notice describes how health information about you as a patient of our practice may be used and disclosed. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The following circumstances may require us to use or disclose your health information:

1. When providing communications to your primary care and/or specialty physician about your physical therapy service, progress, response to the treatment and discharge.
2. When necessary to insurance companies or agencies for treatment or agencies for treatment or payment purposes, or for health care operations to include quality assurance, utilization review, credentialing, underwriting and auditing.
3. To public health authorities and health oversight agencies that are authorized by law to collect information.
4. Lawsuits and similar proceedings in response to a court or administrative order.
5. If required to do so by a law enforcement official.
6. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
7. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
8. To federal officials for intelligence and national security activities authorized by law.
9. To correct institutions or law enforcement official if you are an inmate or under the custody of a law enforcement official.
10. For Worker's Compensation and similar programs.

Your Rights Regarding Your Health Information:

1. You can request that Sports Therapy and Rehabilitation, Inc. communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payments, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care; such as immediate family. We are not required to agree to your request but if we do, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to Sports Therapy and Rehabilitation, Inc., 1112 16th St. NW Suite 200, Washington, DC 20036. Allow up to 30 days for the medical records.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete and as long as the information is kept by or for our practice. To request an amendment, your request must be submitted in writing to Sports Therapy and Rehabilitation, Inc., 1112 16th St NW Suite 200, Washington, DC 20036.
5. You are entitled to receive the Notice Of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy please contact our front desk staff.
6. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the office manager of Sports Therapy and Rehabilitation, Inc., 1112 16th St. NW Suite 200, Washington, DC 20036.
7. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If a disclosure of your protected health information was made for a reason other than treatment, payment, or health care operations, you have a right to receive and accounting of the disclosure.

In complying with the Privacy Standard, we have appointed a Privacy Officer, trained our Privacy Officer and the staff in the law and implemented policies to protect your PHI. We have instituted privacy and security processes to guard and protect your rights. This office is taking and continues to monitor and improve steps for the protection of your information and to remain in compliance with the law.

Thank you,

Signature of Patient or Personal Representative

Date: _____