

OUTER BANKS PHYSICAL THERAPY LLC PATIENT INFORMATION PRACTICES

This notice describes how medical information about you may be used or disclosed and how you may access the information. Please read this carefully.

OUTER BANKS PT'S (OBXPT) LEGAL DUTY

The law requires us to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described below.

USES AND DISCLOSURES

OBXPT uses your personal information to formulate a treatment plan, obtain payment for services rendered, manage administrative duties and evaluate service quality.

OBXPT may use or disclose your personal information without prior authorization for auditing, studies, public health purposes, emergencies or when required by law.

OBXPT will obtain written authorization prior to disclosing your personal health information. If you provide this authorization to release your information, you may later revoke that authorization to stop future disclosures at any time.

OBXPT reserves the right to change this policy at any time. When changes are made, a new notification of practices will be posted in the clinic. You may request a copy of these information practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You may review your personal health information at any time. You may also request a copy of this information. You have the right to correct any errors that may have been made. You may complete any information that was not initially completed. You may obtain a list of instances when your information was disclosed for reasons other than treatment, payment or other related administrative purposes. You have the right to request in writing that we do not use this personal health information for treatment, payment or other related administrative purposes except when specifically authorized by you, in an emergency or when required by law. OBXPT is not legally required to accept such requests, but will consider them on an individual basis.

CONCERNS AND COMPLAINTS

If you feel that OBXPT has violated your privacy, or if you feel that your personal health information has been wrongfully obtained or shared, please contact OBXPT immediately at 6365 N Croatan Hwy. Suite C, Kitty Hawk, NC 27939 Phone 252-255-5348.

OUTER BANKS PHYSICAL THERAPY PATIENT INFORMATION ACKNOWLEDGEMENT

I have read and understand Outer Banks Physical Therapy's Notice of Information practices. I understand that Outer Bank Physical Therapy may use or disclose my personal health information for providing treatment, accessing payment, evaluating service quality and for routine administrative duties that are directly related to treatment services or payment.

I understand that it is my right to restrict the way my personal health information is disclosed for providing treatment, accessing payment, evaluating service quality and for routine administrative duties if I notify Outer Banks Physical Therapy in writing. All requests for restriction will be considered by Outer Banks Physical Therapy, but Outer Banks Physical Therapy is not bound to honor such requests for restriction.

I hereby consent to the use and disclosure of my personal health information for the express purposes as outlined in the Notice of Information practices of Outer Banks Physical Therapy. I may revoke this consent at any time when Outer Banks Physical Therapy is notified in writing to do so.

Patient Name _____

Patient Signature _____

Date _____