Boca Raton Physical Therapy Center
"Lasting Results. Fewer Visits."

Formerly Center for Orthopedic & Spine Rehabilitation

HIPPA NOTICE OF PATIENT INFORMATION PRACTICES
Effective Date: April 3, 2003 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.

Boca Raton Physical Therapy Center is required by law to protect the privacy of your personal health information, provide the notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Boca Raton Physical Therapy Center 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, Boca Raton Physical Therapy Center may use your personal health benefits that could be of interest to you.

Boca Raton Physical Therapy Center may also use or disclose your personal health information without prior authorization for public health purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Boca Raton Physical Therapy Center's 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.

Boca Raton Physical Therapy Center 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.

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 that we correct any inaccurate or incomplete information in your records. You also 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. Boca Raton Physical Therapy Center 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 Boca Raton Physical Therapy Center 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 below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Boca Raton Physical Therapy Center's health information practices or if you have a complaint, please contact the following person:

Mary Stern, PT, Owner
Boca Raton Physical Therapy Center
7200 West Camino Real, Suite 100
Boca Raton, FL 33433
(561)362-9748

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I have received and will read **Boca Raton Physical Therapy Center's** Notice of Information Practices. I understand that **Boca Raton Physical Therapy Center** 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 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 **Boca Raton Physical Therapy Center** will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in **Boca Raton Physical Therapy Center's** Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

_____
Patient Name

_____
Signature

_____
Date