

ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE, LLC
Notice of Patient Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE LEGAL DUTY

ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE 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

ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE 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, ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE'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.

ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our. 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 receive a copy electronically if we have electronic medical records which contain your personal health information. 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 you personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE 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 HIPAA Compliance Office 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 ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE's health information practices, or if you have a complaint, please contact the following office:

HIPAA Compliance Office
ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE
553 ROOSEVELT AVENUE
ENUMCLAW, WA 98022 360-825-1540

PATIENT INFORMATION CONSENT FORM

I have read and fully understand ASPIRE PHYSICAL THERAPY & SPORTS Medicine's Notice of Information Practices. I understand that ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE 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 operations if I notify the Company in writing. I also understand that ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE 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 ASPIRE PHYSICAL THERAPY & SPORTS MEDICINE's Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the Company in writing at any time.

Patient Name

Signature

Date