

## Summary of Notice of HIPAA Privacy Practices

**This summary notice of privacy practices serves to inform you how Fitness Quest and Bay Area Physical Therapy (BAPT) may use and disclose your protected health information (PHI). Fitness Quest creates and maintains a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to protect the health information that identifies you and to inform you of our legal duties and privacy practices.**

### **Uses and Disclosures of Protected Health Information (PHI) by Patient Consent**

- **Treatment:** We may use PHI to provide you with health care treatment or services. This includes but is not limited to discussions with referring physicians to plan care and treatment.
- **Payment:** We may use and disclose PHI to third party or insurance company to obtain benefit information and prior approval for treatment or to justify medical care.
- **Health Care Operations:** We may use and disclose PHI to ensure that you are receiving the highest quality of care possible.

### **Uses and Disclosures of Protected Health Information (PHI) as required by Law**

We will disclose PHI about you when required to do so by federal, state, or local law. Such examples are:

- To avert a serious threat to health or safety
- For military personnel or veterans to Dept. of Veterans Affairs
- Supply information regarding Worker's Compensation claims to insurance companies, case managers, or employers
- Public health risks
- In response to a subpoena, court order, or other lawful request
- Health Oversight Agency for activities authorized by law (audits, investigations, etc)
- Law Enforcement requests
- Coroners or Health Examiners
- National Security and Intelligence Agencies
- Protective Services for the President and Others

### **Your Rights as a Patient to your Protected Health Information (PHI)**

You have the following rights:

- To inspect and copy your medical records
- To request an amendment to your medical records although Fitness Quest and BAPT are not required by law to change your records
- To request an accounting of the disclosures that Fitness Quest and BAPT have made
- To request restrictions or limitations on your PHI
- To request confidential communications
- To obtain a copy of this notice at any time

\*For all requests, please note that Fitness Quest and BAPT have 30 days to respond to your request and have the right to charge you copying fees.

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary or the Department of Health and Human Services. To file a complaint with us, please contact the Privacy Officer at 941-743-6700. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Changes to this Notice**

Fitness Quest and BAPT reserve the right to change this notice at any time. We reserve the right to make the revised notice effective for health information we already have about you as well as information we receive in the future.

### **Consent to Use and Disclose Protected Health Information (PHI)**

By signing this document, I agree to truthfully, completely, and correctly provide all requested information to Fitness Quest and Bay Area Physical Therapy. Additionally, I am giving consent to Fitness Quest and Bay Area Physical Therapy to use and disclose my protected health information for treatment, payment and health care operations.

Patient Name (PRINTED): \_\_\_\_\_

Signature of Patient, Guardian, or POA: \_\_\_\_\_ Date: \_\_\_\_\_