

NOTICE OF PRIVACY PRACTICES



THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

Please Review the following information carefully.

WHO WE ARE:

This notice describes the Privacy Practices of Coltman & Baughman Physical Therapy P.A., their therapist and all other personnel. These entities constitute both a single affiliated covered entity as has been designated by the entities and an Organized Health Care Arrangement for purposes of federal privacy rules and each such entity has agreed to abide by the terms of this Notice and may share protected Health Information with each other, as necessary to carry out treatment, payment, or healthcare operations relating to the Organized Health Care arrangement.

PROTECTED HEALTH INFORMATION

Each time you visit a hospital, physician, physical therapist or other healthcare provider, a record of your visit is made. Typically, this medical record contains your symptoms, examination and test results, diagnosis, treatment, a plan for future care or treatment, and billing related information. This notice applies to all identifiable, protected health information ("Protected Health Information") in the medical records of your care generated by Coltman & Baughman Physical Therapy P.A., whether made by Coltman & Baughman Physical Therapy P.A. personnel, agents of Coltman & Baughman Physical Therapy P.A. or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your Protected Health Information created in the doctor's office or clinic.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your Protected Health Information and provide you with a Notice of our legal duties and description of our privacy practices with respect to your Protected Health Information. We will only use and/or disclose your Protected Health Information in accordance with the terms of this notice while it is in effect.

USES AND DISCLOSURES WITHOUT YOUR WRITTEN CONSENT

The following categories describe examples of the way we may use and disclose your Protected Health Information without your authorization or written consent:

For Treatment: *We may use Protected Health Information to provide, coordinate or manage your health care treatment and related services. We may disclose your Protected Health Information doctors, nurses, technicians, medical students, or other health care providers who are involved in your treatment. For example, a doctor treating you for an orthopedic surgery may need to know if you have diabetes because diabetes may slow the healing process. In addition, we may contact you to provide appointment reminders or information about treatment alternatives. When disclosing information, primarily appointment reminders and billing/collection efforts, we may leave messages on your answering machine or voicemail.*

For Payment: *We may use and disclose Protected Health Information about your treatment and services to bill and collect payment from you, your insurance or a third party payer. For example, we may need to give your insurance company information about your treatment so they will pay us or reimburse you for treatment you have received. We may tell your health plan about treatments you are going to receive to determine whether your plan will cover the services provided. We may also share your medical information with billing and collection agencies, insurance companies and health plans in order to collect payments.*

For Health Care Operations: *We may use your Protected Health Information for our health care operations, which include internal employees and planning various activities that improve the quality and cost effectiveness of you care and the overall customer service we provide to you. For example, we may use it to evaluate the quality and competence of our therapists and staff. In addition, we may disclose you Protected Health Information for certain types of health care operations, including peer review or utilization review activities we undertake.*