



Notice of Privacy Practices

This notice describes how medical information about you may be disclosed by CPTC and how you can access this information.

PLEASE REVIEW IT CAREFULLY

What is the Notice and Why is it Important

This notice is required by law to inform you of how your health information will be protected, how Capitol Physical Therapy Center (CPTC) may use or disclose your health information, and about your rights regarding your health information.

Understanding Your Health Information

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically this record contains a description of your symptoms, medical history, examination, and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record serves as a:

- Basis for planning your care and treatment
- A data source for medical research and public health
- Means of communication among the health professionals who contribute to your care
- A source of data for planning facilities and marketing care healthcare services
- Legal documents of the care you receive
- A tool for educating health professionals
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may assess and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept by CPTC:

- **Obtain a copy of this notice.** You will receive a copy of this notice on your first visit. Thereafter, you may request a copy of this notice or any revisions by calling CPTC at 916-446-1497.
- **Authorization to use your health information.** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use of disclosure.
- **Access to your health information.** You may request a copy of your health information that CPTC keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.
- **Amend your health information.** If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing.
- **Request confidential communications.** You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number.)
- **Limit our use or disclosure of your health information.** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you. However, by law, we do not have to agree to your request if we believe your request would interfere with our ability to treat you or collect payment for our services.
- **Accounting of disclosures.** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment, or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.



Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice.

Except for the purpose related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

How we may use and disclose your PHI

We will use your health information to facilitate your medical treatment.

Information obtained by a physician or other members of your healthcare team will be recorded in your record and used to determine the course of your medical treatment. We will also provide your physician, or other healthcare providers with copies of various reports that should assist them in your treatment.

We will use your health information to collect payment for health care services that we provide.

A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Appointment Reminders.

We may contact you to provide appointment reminders.

Workers Compensation:

We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Business Associates.

There are some services provided in our organization through contracts with business associates. When these services are provided by business associates, we may disclose the appropriate portions of your health information so they can perform their job. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.