



EMINENCE PHYSICAL THERAPY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND YOUR RIGHTS REGARDING THE USE AND DISCLOSURE OF MEDICAL INFORMATION. **PLEASE REVIEW CAREFULLY.**

This Notice of Privacy Practices describes how Eminence Physical Therapy, LLC may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” or “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Eminence Physical Therapy, LLC is required to abide by the terms of this Notice of Privacy Practices and may change the terms of this Notice at any time. A new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Copies of this Notice are available on the Eminence Physical Therapy, LLC website at www.eminencept.com.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Eminence Physical Therapy, LLC understands that your medical information is personal. We are required by law to assure that any medical information that identifies you is kept private and we are committed to protecting all such information held by this office. Your referring physician may have a different privacy policy. As an affirmation of our policies, we are giving you this Notice of Privacy Practices.

Ways we may use and disclose medical information about you (Every use/disclosure in a category may not be listed but all ways by which we are permitted by law to use/disclosure information will fall within one of these categories.)

For Treatment: To provide you with medical treatment or services. Example: to physicians, hospitals, therapist, MRI labs, outpatient surgical centers and others who may be involved in your treatment.

For Payment: To bill to, and collect payment from an insurance company, or you, or any other party responsible for services. Example: your health plan may require information about treatment you have received in order to reimburse us, or you, for the treatment. We may also inform your health plan about proposed treatment to obtain prior approval or to determine coverage for such treatment by your plan.

Treatment Alternatives/Health Related Benefits and Services: To inform or recommend possible treatment options or alternatives and to inform you of health-related benefits or services that may be of interest to you.

Individuals Involved In Your Care Or Payment For Your Care: To a family member or other caregiver who is involved in your medical care (including persons named in a Durable Health care Power Of Attorney or similar document provided to Eminence Physical Therapy, LLC); to a person who assists in paying for your care if they are designated as your legal guardian; to a disaster relief entity in order to notify your family of your location and condition.

As Required By Law: When required by federal, state, or local law.

To Avert A Serious Threat To Health Or Safety: To prevent a serious health or safety threat to you or others. Disclosure will be made to persons able to help prevent the threat.

Organ and Tissue Donation: To organizations that handle organ, eye or tissue transplantation.

Military and Veterans: As required by military command authorities if you are a member of the armed forces; to the Department of Veterans Affairs if you are eligible for certain benefits.

Worker's Compensation: For Worker's Compensation or similar programs.

Public Health Risks: For the prevention or control of disease, injury or disability; to report a death; to report reactions to medications or problems with products; to notify patients of product recalls; to notify patients who may have been exposed or at risk for contracting or spreading a disease; to notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when authorized by law.

Health Oversight Activities: To a health oversight agency authorized by law. Example: audits, investigations, inspections and licensure necessary for the government to monitor the healthcare system.

Lawsuits and Disputes: In response to a valid court order or administrative order. Example: response to a subpoena, discovery request or other lawful process by others involved in the dispute. Every effort will be made to tell you about the request.

Law Enforcement: To a law enforcement official in response to a valid court order or similar process. Example: To report a crime or location of victims; identify or locate a suspect, fugitive, material witness or missing person; about a death we believe may be the result of criminal

conduct; about criminal conduct on the premises or in the presence of Eminence Physical Therapy, LLC.

Coroners, Medical Examiners and Funeral Directors: In the event of a death; to funeral directors if requested by the patient's family.

National Security And intelligence Activities, Protective Services for the President: To authorized federal officials for intelligence, counterintelligence, protective services to the President and foreign heads of state.

Inmates: To the institution or law enforcement officers if you are a penal inmate.

Your Rights Regarding Your Medical Information: You have the following rights regarding information we maintain about you:

- **Inspect and receive a copy of information used to make decisions about your care.
- **Amend information you feel is incorrect.
- **Request a list of disclosures made of your information.
- **Confidential communications by receiving information at alternatives locations.
- **A paper copy of this notice may be provided upon request at any time. A copy showing the effective date will be available at all times.

All of the above must be requested in writing; forms will be provided by Eminence Physical Therapy, LLC. You will be subject to a fee for the costs of copying, mailing or other supplies. Under certain circumstances, your request may be denied; however, you may request a review of the denial. Any forms filed will be made a part of your medical record.

Complaints: If you feel your rights have been violated, you may file a written complaint with our office or with the secretary of the Department of Health and Human Services. You will not be penalized.

Changes To This Notice: We reserve the right to change this notice effective for current and future medical information we have on file about you. Other uses and disclosures not covered by this notice will be made only with your written permission, which you may revoke at any time.

Patient Signature or Signature of Authorized Representative: _____

Relationship of Representative to Patient: _____

Printed Name: _____

Date: _____