

Protecting Your Confidential Health Information

Your health information in this office will not be shared with anyone who does not require it. We will use and communicate your health information only for the purpose of providing treatment, obtaining payment, and conducting health care operations. Your personal information will not be used for any other purposes, unless we have asked for and been given your written permission.

Your health information will be used to

- **Provide treatment.** We will use your health information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between therapist and office staff. We may share your health information, when appropriate, with referring physicians, clinical and pathology laboratories, or other health care personnel providing treatment to you.

You have the right to

- **Inspect and copy your health information.** You may read, review, and copy your health information, including your chart, x-rays, and billing records. If you would like a copy of your health information, please let us know. We may need to charge you to duplicate and assemble your copy.
- **Amend your health information.** You may ask us to update or modify your records if you believe that they are incorrect or incomplete. We will accommodate your request as long as our office maintains this information. Please make your request in writing and inform us of the reason for the change, in detail. Your request may be denied if the health information requested was not created by our office, is not part of our records, or if the records pertaining to your health information are determined to be accurate and complete.
- **Receive documentation of your health information.** You may ask for a description of how and where your health information was used by our office for any reason other than treatment or payment or healthcare operations. We will be able to provide this information as long as it is not older than seven years.
- **Request a paper copy of this notice.** You may obtain a copy of this privacy policy notice for your records at any time.

Patient Acknowledgment:

Signature: _____ Date: _____