

Alliant Physical Therapy
“Your Better Choice”

Health Information Privacy Notice

This Notice describes how Medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

1. About Protected Health Information “PHI”

In this notice, “We,” “Our” or “Us” means Alliant Physical Therapy /Chad Novasic PT Ltd. and Our workforce of employees and volunteers. “You” and “Your” refers to each of our patients who are entitled to a copy of this notice.

We are required by federal and state law to protect the privacy of your health information. For example, federal health information privacy regulations require us to protect health information about You in the manner that We describe here. Certain types of health information may specifically identify you. Because we must protect this health information, We call this protected health information or “PHI.” In this notice, We tell you about:

- How We use Your PHI
- When We may disclose Your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or with a complaint

2. Some of the ways we use or disclose your PHI

We will use Your PHI to treat you. We will use Your PHI and disclose it to get paid for your care. We are allowed to use or disclose Your PHI for certain activities that we call “health care operations.” Health care operations involve a lot of the administration, education and quality assurance activities in our clinic. We will give you examples of each of these to help explain them, but space does not permit a complete list of all uses or disclosures. That is one reason why you can contact us and ask us questions.

Treatment

We use and disclose Your PHI in the course of your treatment. For example, if you are treated in our clinic, a copy of your initial evaluation, progress notes and discharge summary will be shared with the physician or physicians who have referred you. In addition, you may see more than one physical therapist, physical therapist assistant, or physical therapist aide. These people will all have access to your PHI in order to provide your care.

Payment

After we treat You, We will ask your insurer to pay Us. We may type some of Your PHI into Our computers and send a claim to Your Insurer. Here, we use Your PHI to tell Your insurer what type of health problem You had and what We did to treat You. Your insurer may ask Us to give them Your membership number in Your employer's health plan, or Your insurer may want to review Your medical record to be sure that Your care was necessary. When we use your PHI this way, it helps us to get paid for your care and treatment.

Health Care Operations

We also use and disclose Your PHI in Our health care operations. For example, our physical therapists perform reviews of each other's patient charts in order to review the quality of care that the patient's are receiving. These chart audits may also be performed by the administration for performance evaluations of the therapists. In addition, at times physical therapy students are trained at are facilities. Your PHI may be shared with these students in conjunction with their education here.

Special Uses

We also use or disclose Your PHI for purposes that involve your relationship to Us as a patient. We may use or disclose Your PHI to:

- Remind You that You have an appointment with Us for treatment
- Tell You about treatment alternatives and options
- Tell you about Our other health benefits and services

Your Authorization May be required

In many cases summarized here, we may use or disclose Your PHI either with your consent or as required or permitted by law. In all other cases, we must ask for, and you must give, a written authorization that has specific instructions and limits on our use or disclosure of Your PHI. If you later change your mind, you may revoke your authorization.

3. Certain Uses and Disclosures of Your PHI that are Required or Permitted by Law.

Many laws and regulations apply to us that affect your PHI. These laws and regulations may either require Us or permit Us to use or disclose your PHI. From the federal health information privacy regulations, here is a list describing required or permitted uses and disclosures.

- If you do not object, we may share some of Your PHI with a family member or friend involved in your care.
- We may use Your PHI in an emergency when you are not able to express yourself.
- If we receive certain assurances that protect your privacy, we may use or disclose Your PHI for research.

We may also use or disclose Your PHI:

- When required by law; for example, when ordered by a Court to turn over certain types of Your PHI, we must do so.
- For public health activities such as reporting a communicable disease or reporting an adverse drug reaction to the Food and Drug Administration
- To report neglect, abuse or domestic violence
- To the government regulators or it's agents to determine whether We comply with applicable rules and regulations
- In judicial or administrative proceedings such as in response to a valid subpoena.
- When properly requested by law enforcement officials (such as reporting gun shot wounds) or for other legal requirement.
- If we reasonably believe that to do so will avert a health hazard or to respond to a threat to public safety such as an imminent crime against another person.
- If you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.
- In connection with certain types of organ donor programs.

4. Certain Stricter Requirements that We Follow

In some instances, Wisconsin state laws may apply to your PHI that set a stricter standard than the protections required by the federal health privacy regulations. However, when federal and state law conflict in a manner that make it impossible to comply with both laws – federal laws control.

5. Your Privacy Right and How to Exercise Them

You have specific right under our federally required privacy program. Each of them is summarized here.

Your Right to Request Limited Use or Disclosure

You have the right to request that we do not use or disclose Your PHI in a particular way. However, we are not required to abide by Your request. If we do not agree to your request, we must abide by the agreement.

Your Right to Confidential Communication

You have the right to receive confidential communications from us at a location that You provide. We require that you make your request in writing, provide us with the other address, and explain to us if the request will interfere with your method of payment for your care.

Your Right to Inspect and Copy

You have the right to inspect and copy Your PHI. We may refuse to give You access to Your PHI if We think it may cause you harm but We have to explain why and give You someone to contact about Our decision who will know how and when to a review of Our refusal.

Your Right to Amend Your PHI

If You disagree with what Your PHI in Our records says about You, You have the right to request in writing that We amend Your PHI when it is in a record that We create or have maintained for Us. We are not required to respond to your request if the records you are asking about are not our records. We may refuse to make your requested amendment. You will have a right to submit a written statement about why you disagree. If we still disagree, we may prepare a counter-statement. Your statement and Our counter statement must be made part of Our record about You.

Your Right to Know Who Else Sees Your PHI

You have the right to request an accounting of certain disclosures that WE have made of Your PHI over the past six years. You cannot ask for disclosures before April 14, 2003. We do not have to account for all disclosures, including those involving treatment, payment and health care operations as described above. There is no charge for an annual accounting but there may be for additional accountings. We will tell you if there is a charge for your accounting and you will have the right to withdraw your request, or to pay to proceed.

Your Right to Complain

If you believe that your privacy rights have been violated, you have the right to make a complaint to us, or to the Secretary of Health and Human Services. We will not retaliate against you if you file a complaint about us. To file a complaint, you should submit in writing to the contact person identified in this Notice (7, below). Your complaint should provide a reasonable amount of specific detail to enable us to investigate a potential problem.

6. Some of Our Privacy Obligations and How We Perform Them

We are required to comply with the federal health information privacy regulations. Those rules require us to protect Your PHI. Those rules also require us to give You Notice of Our privacy practices. This document is Our Notice. If you did not get a paper copy of this Notice, You may have one. We will abide by the privacy practices set forth in this Notice. However, we reserve the right to change this Notice and our privacy practices when permitted or as required by law.

If we change Our Notice of privacy practices, we will provide Our revised Notice to You when You next seek treatment from us. You may also obtain our most recent Notice from Our web site at www.alliantpt.com

7. Contact Information

If you have any questions about this Notice, or if you have a complaint, please contact:

Stephanie Kurt
1300 S. Green Bay Rd Suite # 205
Racine, WI 53406
Office : 262-898-3930
Fax: 262-898-3933

8. Effective Date: This Notice takes effect on February 1, 2009

Privacy Practices Acknowledgement

I have received the Health Information Privacy Notice and I have been provided an opportunity to review it.

Non-Covered Services Waiver

I understand that my health insurance coverage has certain restrictions and limitations such as authorization requirements, non-covered services and supplies.

No Show/Cancellation Policy

The time of the therapists at Alliant Physical therapy is valuable, as is your time. We kindly ask for a minimum of 24 hours notice for any cancellations or rescheduled appointments. We understand that sometimes it is difficult to plan for the unexpected and, therefore, we will allow leeway for the first two no show appointments.

Following two no show appointments, based on the decision by your therapist, you may either:

- Be charged \$50 per no show prior being reschedules for further appointments

OR

- Be discharged from Physical Therapy

Please sign the bottom of this policy indicating that you were made aware of our procedure for missed visits.

Thank you.

Name: _____ Date _____