

GLINN AND GIORDANO PHYSICAL THERAPY

Your Information. Your Rights. Our Responsibilities.

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Glinn and Giordano Physical Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein. This form can also be found at <http://www.ggphysicaltherapy.com/forms/>

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for any reason other than treatment, payment or other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Glinn and Giordano Physical Therapy will consider all such requests on a case by case basis, but this practice is not legally required to accept them.

If you have a clear preference for how we share your information in the situations described below, please let us know and we will follow your instructions. In these cases, you have both the right and choice to tell us to share information with your family, close friends, or others involved in your care and to share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We never share your information unless you give us written permission for marketing purposes or in the sale of your information. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.*

USES AND DISCLOSURES OF HEALTH INFORMATION

Glinn and Giordano Physical Therapy uses your personal health information primarily for the treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Glinn and Giordano Physical Therapy may use your personal health information to contact you to provide appointment reminders, information about treatment alternatives or other health related benefits that could be of interest to you. Glinn and Giordano Physical Therapy may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

Glinn and Giordano Physical Therapy may also use your information for workers' compensation claims, to respond to lawsuits and legal action, to comply with law enforcement officials, and for government requests including but not limited to military needs and issues of national security. In any other situation, our policy at Glinn and Giordano Physical Therapy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. Glinn and Giordano Physical Therapy may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time which is also available at www.ggphysicaltherapy.com/forms

CONCERNS AND COMPLAINTS

If you are concerned that Glinn and Giordano Physical Therapy may have violated your privacy rights or if you disagree with and decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send written complaint to the US Department of Health and Human Services at 200 Independence Ave S.W. Washington, D.C. 20201 or visiting: www.hhs.gov

For further information on Glinn and Giordano Physical Therapy's health information practices or if you have a complaint, please contact the following: Glinn and Giordano Physical Therapy - Administrative Coordinator Connie House 1201 23rd Street Bakersfield, CA 93301 chouse@ggphysicaltherapy.com Telephone: (661) 327-4357 Fax: (661) 327-1758

Glinn and Giordano Physical Therapy

1201 23rd Street, Bakersfield, CA 93301

Telephone: (661) 327-4357 Fax: (661) 327-1758

Patient Information Consent Form

I have read and fully understand the Glinn and Giordano Physical Therapy's Notice of Patient Information Practices. I acknowledge that I may at any time request a copy of Glinn and Giordano Physical Therapy's Notice of Patient Information. I understand Glinn and Giordano Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Glinn and Giordano Physical Therapy will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions. I hereby consent to the use and disclosure of my personal health information for purposes as noted in the Glinn and Giordano Physical Therapy's Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

This notice was put in effect on March 1st, 2016 and shall be in effect for one year from the date of signature below.

Patient's Name: _____

Signature: _____ Date: _____