

The Desert Institute of Physical Therapy

Notice of Privacy Practices

Effective April 14, 2003

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

Our commitment at The Desert Institute of Physical Therapy is to serve our patient with professionalism and care, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of your treatment, it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

*During treatment, we provide information to your referring physician and your insurance provider.

*A third party may perform transcription of information dictated by our practitioners.

*Should we refer you to a physician, information may be shared with them.

*For payment purposes, we may use the services of a billing service.

*We may leave messages about your treatment on your home answering machine or cell phone voice mail.

The Desert Institute of Physical Therapy is committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. The individual, as provided for by law, may revoke this written authorization at any time.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Business Manager, Jason Vandermate, at 480-998-4848.

I have read and understood the above Notice of Privacy Practices.

Signed _____ Date _____

(Patient or Legal Guardian)