



## **NOTICE OF PRIVACY PRACTICES**

Effective Date: 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**

To ask for help or complain: If you have questions, need more information, or want to report a problem about the handling of your protected health information, you may contact Cindy Enyeart, Compliance Officer, at 425-391-4488.

Pine Lake Physical Therapy respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. This Notice describes the medical information practices of Pine Lake Physical Therapy and that of any third party that assists Pine Lake Physical Therapy.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. We are committed to protecting medical information about you. This notice applies to all of the medical records we maintain. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the notice that is currently in effect.

#### **How we may use and disclose medical information about you:**

##### **For Treatment**

We may use or disclose medical information about you to facilitate medical treatment.

We may also provide information to others providing your care. This will help them stay informed about your care.

##### **For Payment**

We may use and disclose medical information about you to determine eligibility under your health insurance plan or to facilitate payment for the treatment and services you have received.

##### **For Health Care Operations**

We may use and disclose medical information about you for other health care operations. These uses and disclosures may be necessary to run Pine Lake Physical Therapy and provide you the health care services desired.

##### **As Required by Law**

We will disclose medical information about you when required to do so by Federal, State or Local laws.

### **YOUR HEALTH INFORMATION RIGHTS**

The health and billing records we create and store are the property of Pine Lake Physical Therapy. The protected health information in it, however, belongs to you. You have the right to:

Inspect and copy medical information that we may use or disclose. To inspect and copy medical information you must submit a request in writing to the Compliance Officer. There may be a charge to make copies.

Ask us to restrict certain uses and disclosures. You must deliver this request in writing to the Compliance Officer. We are not required to grant the request. You must include what information you want to limit; whether you want to limit our use, disclosure or both; and whom you want the limits to apply.

Receive a paper copy of this notice at any time.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Cindy Enyeart, Compliance Officer at Pine Lake Physical Therapy.

I agree that this authorization for use and disclosure of my identifiable health information will be effective from the date I sign this document until this authorization expires or until I revoke this authorization. I understand that I may revoke this authorization at any time by giving Pine Lake Physical Therapy notice in writing at 2850 228<sup>th</sup> Ave. SE, Suite B, Sammamish, WA 98075. I also understand that treatment, payment, enrollment in a health plan, or eligibility for certain health benefits cannot be conditioned on my providing this authorization.

By signing below I authorize the use and disclosure of my protected health information that may pertain to any health care I receive at Pine Lake Physical Therapy.

**PRINTED NAME OF PATIENT:** \_\_\_\_\_

**SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE (if patient is a minor):**

**RELATIONSHIP OF PATIENT TO LEGAL REPRESENTATIVE (for minor patient):**

**DATE:** \_\_\_\_\_

Thank you for being a patient of Pine Lake Physical Therapy. We appreciate and respect you greatly.  
Pine Lake Physical Therapy  
2850 228<sup>th</sup> Ave. SE, Suite B  
Sammamish, WA 98075