



## PRIVACY NOTICE

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

Your confidential healthcare information may be released (on a need to know basis only) to:

- Other healthcare professionals or other treating physicians for the purpose of providing you with quality healthcare;
- Your insurance carrier and/or treating vendor for the purpose of the practice receiving payment for providing you with needed healthcare services;
- Public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence;
- Other healthcare providers in the event you need emergency care;
- A public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication);
- Certain parties only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.

You may be contacted by McCombs and Associates Physical Therapy, Inc. to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you. If you are not home and/or unavailable, we may leave appointment information on your answering machine or in a message left with the person answering the phone.

We may use and disclose limited protected health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

You have the right to restrict the use of your confidential healthcare information. However, McCombs and Associates Physical Therapy, Inc. may choose to refuse your restriction if it is in conflict with providing you with quality healthcare or in the event of an emergency situation.

You have the right to receive confidential communication about your health status.

You have the right to review any/all portions of your healthcare information upon written request within the timeframes set by law.

You have the right to request changes be made to your healthcare information.

You have the right to know if certain parties have accessed your confidential healthcare information and for what purpose.

You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.

Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.

McCombs and Associates Physical Therapy, Inc. is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients, upon request, a list of duties or practices that protect confidential healthcare information.

McCombs and Associates Physical Therapy will abide by the terms of this notice. The practice reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Any changes to this notice will be posted in our practice within 30 days of making any changes.

You have the right to file a complaint with McCombs and Associates Physical Therapy if you believe your rights to privacy have been violated; please mail

your complaint to the facility's address at 5217 82<sup>nd</sup> St., Suite 104, Lubbock, TX 79424, in care of Spencer McCombs, Privacy Officer.

All complaints will be investigated. No personal issue will be raised for filing a complaint. For further information about this Privacy Notice, please contact: Spencer McCombs, Privacy Officer at 806-687-4311. Notice effective 4/17/2012.

# PATIENT/CLIENT RIGHTS & RESPONSIBILITIES

It is the practice and commitment of all employees and agents of this facility to respect and ensure the legal, ethical and moral rights of the patients and clients it serves. Furthermore, every effort will be made to stay abreast of these rights and to provide an environment that promotes human dignity as a founding service principle.

## Each Patient has the Right to:

- Be greeted and treated with care and in a courteous & dignified manner
- Be assigned to the appropriately educated, trained, and skilled individual without regard to race, creed, gender, national origin, disability, religion, sexual orientation, health status or age
- Expect that all care will be delivered by or under the supervision of a physical therapist or physical therapist assistant and that the identity of the individuals delivering care will be readily available
- Be serviced in a facility that is fully compliant with federal, state and local regulations
- Be given information regarding his/her care or potential care in a timely manner and in a way in which he/she can understand, the procedure(s), the purpose, the probable outcomes, the alternatives and the risks and benefits associated with recommended care or the lack of it
- Be given the opportunity to participate in his/her care and care decisions including declining part or all of the plan of care
- Expect that his/her protected health information (PHI) will be handled, secured or disposed of in full compliance with federal privacy & security regulations requiring that access to PHI be given on a 'need to know basis' only and that the use of this information without authorization is prohibited with the exception of treatment delivery, healthcare operations and related billing services. This PHI includes, but is not limited to, diagnosis, prognosis, past history, treatment, clinical and billing records and any personally identifying data, such as address, SS#, etc.
- Review and or have access to his/her clinical record, in all formats: paper, electronic, etc. and obtain copies if requested at a reasonable charge
- Be treated in an environment that is safe and accessible to the fullest extent of the law
- Be duly and timely informed of any financial responsibilities that he/she will have as a result of rehabilitative, educational or injury prevention intervention
- Request and receive an itemized statement for all services delivered, regardless of payor source

## **PATIENT/CLIENT RIGHTS & RESPONSIBILITIES**

- Be informed of any financial relationships that this facility has with any payors, referrers, other healthcare entities/practitioners and/or vendors.

### **Each Patient/Client has the Responsibility to:**

- Give complete, accurate and timely medical, personal demographic and payor information to this facility
- Comply with the rehabilitative plan of care (per informed consent) to the best of his/her ability which includes, but is not limited to, following home programs/instructions, punctually attending scheduled treatment sessions and adhering to known precautions and limitations
- Advise his/her therapist when rehabilitative goals or treatment approaches require modification secondary to external complicating factors including, but not limited to, physical or mental health, family, work or religious conflicts or commitments
- Adhere to obvious department guidelines while at this facility including, but not limited to, courteous interaction with staff, other patients/clients and visitors, conscientious personal hygiene and modesty and respect for treatment and clinical record confidentiality for self and others
- Provide objective complaint notification to the Owner or his/her designee as well as the state Licensing Boards and/or other regulatory agencies, if indicated.

April 2012