ELITE LEVEL PHYSICAL THERAPY
NOTICE OF PRIVACY PRACTICES

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.

UNDERSTANDING THE TYPE OF INFORMAITON WE HAVE

We get information about you during your first visit with us. It includes your name, date of birth, gender, ways to contact you, your social security number, financial information, insurance information and other personal information. We also collect information regarding your condition, diagnosis and treatment. Along with collecting this information from you, we also get enrollment and eligibility status from your health insurer and medical information from other health care providers.

OUR PRIVACY COMMITMENT TO YOU

The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, when we are required by law to do so , or for the other reasons listed below.

- **Treatment** We may use or disclose medical information about you to provide and coordinate your health care. For example, after your initial appointment with us and after you have been discharged, we usually send a letter to your referring physician regarding your treatment.
- **Payment** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may send your health insurer a bill for our services that explains what treatment we gave you and why.
- **Business Operations** We may need to use and disclose information for our business operations. For example, in order to improve activity necessary to run the business (training or for reviewing the quality of care that you and others get from us.)
- **Exceptions** For certain kinds of records, your permission may be needed, even for release for treatment, payment and business operations. We have authorization and consent forms that you will need to sign in order for us to release certain information.
- **Phone Messages** We may contact you via phone, answering machine or mail to give you authorization, referral, and billing information as well as information regarding other services that may be of interest to you. You may request in writing if you do not wish for this information to be left with a person other than yourself over the phone, or on the answering machine.
- **As Required By Law and for Other Government Functions** We will release information when we are required by law to do so or for other government functions. Examples of such releases would be for law enforcement, subpoenas or other court orders, for national security purposes, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

- **Public Health and Safety** We may use or disclose information about you as necessary to prevent or reduce a serious threat to the health or safety of a person or the public. For example, we will have to disclose information about certain diseases (and immunizations) to public health officials.
- **Family and Friends** We may disclose your information to family members, friends or others you identify to the extent it is relevant to their involvement with your care or payment for your care, or to let them know about where you are and your condition.
- **After Death** We may disclose your information to coroners or medical examiners and funeral homes after you are deceased.
- **With Your Permission** If you give us permission in writing, we may use and disclose your personal information for purposes you list. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, as well. We cannot take back any uses or disclosures already made with your permission.

Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable Arizona's law.

PATIENT RIGHTS

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to us at The PASS Program LLC, 3555 W Pinnacle Peak Rd, Glendale, AZ 85310.We are committed to ensuring that you receive information regarding your rights as a patient here at The PASS Program Physical Therapy.

- Your Right to Inspect and Copy In most cases, you have the right to look at or get copies of your medical records upon signing our Medical Record Release form, and in some cases paying a fee if we need to get them out of our storage facility. Please call ahead to ensure that we have your records available for you.
- Your Right to Amend You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- Your Right to a List of Disclosures You have the right to ask for a list of certain disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you.
- Your Right to Request Restrictions on Our Use or Disclosure of Information You can ask for limits on how your information is used or disclosed. We are not required to agree to such request, but can if we believe it is reasonable to do so.
- Your Right to Request Confidential Communications You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your college address instead of your home address or you may ask that we treat you in a room other than the main treatment area. We will do our best to accommodate such a request.

CHANGES TO THIS NOTICE
We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. If the changes are material, a new notice will be posted.

HOW TO USE THESE RIGHTS UNDER THIS NOTICE
If you want to exercise your rights under this notice or have any questions regarding our privacy issues, you may call or write to us at:

PASS Program LLC
3555 W Pinnacle Peak Rd,
Glendale, AZ 85310

Complaints to Us If you believe that your privacy rights have been violated or you wish to express your concern regarding non-compliance of our privacy policies and procedures, you may file a complaint by writing to the above address. We will require a written complaint, and may further provide you with an official complaint form that you would need to fill out for our records. You will not be penalized for filing a complaint.