

Privacy Notice

This notice describes how medical information about you as a patient of this practice may be used and disclosed and how you can get access to this information.

Please review it carefully.

This Notice of Privacy Practices describes how Desert Physical Therapy & Women's Health Center, LLC ("Desert PT") may use and disclose your protected health information to carry out treatment, payment or health care operations or for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Desert PT is required to abide by the terms of this Notice of Privacy Practices. Desert PT may change the terms of our notice, at any time. The new notice will be effective for all protected health information that is maintained at that time. Upon your request, Desert PT will provide you with any revised Notice of Privacy Practices by accessing the website www.desertpt.com or by calling the office at the above number and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses and Disclosure:

We will use your protected health information (PHI) for the purposes of treatment, payment and health care operations.

Treatment: Desert PT includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians and other physical therapists. For example, your PHI may be provided to a provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include the disclosure of health information to your insurance company, including Medicare and Medicaid, so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.

Healthcare Operations: Desert PT may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical/physical therapy students, licensing, marketing, and conducting other business activities. For example, Desert PT will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate or student involves the use or disclosure of your PHI, Desert PT will have a written contract that contains terms that will protect the privacy of your PHI. Additionally, Desert PT may call you by name in the waiting room and we may use your PHI, as necessary, to contact you to remind you of your appointments. Please let us know if you do not wish to have a reminder of an upcoming appointment left with anyone other than yourself.

Uses and Disclosures Required by Law: The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if we are provided with very specific assurances that your privacy will be protected. We may also disclose your PHI when we are required to do so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions. Desert PT may use and disclose health information about you to avert a serious threat to your health or safety or the health or safety of the public or others. If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities. We may also release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness.

Desert PT may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, Desert PT may disclose your PHI if Desert PT believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Your authorization is required before your PHI may be used or disclosed by us for other purposes.

2. Your Rights:

Following is a statement of your rights, with respect to your PHI and a brief description of how you may exercise these rights.

Restrictions: You have the right to request restrictions on which entities are entitled to PHI and which information is released. Your request must state the specific restriction requested and to whom you want the restriction to apply. Desert PT is not required to agree to a restriction that you may request. Please discuss any restriction you wish to request with your provider. You may request a restriction by contacting the Privacy Officer in writing to see if Desert PT can accommodate a reasonable request.

Confidential Communications: All measures will be taken by Desert PT to ensure no PHI is revealed in written or oral form to any unauthorized individual or company. You have the right to request confidential communication from us at a location of your choosing. This request must be in writing.

Access to PHI: You have the right to inspect and request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing.

Amendments: You have the right to request an amendment be made to your PHI, if you feel something has been recorded in error. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree that will become part of your record. We may not amend parts of your medical record that we did not create.

Accounting of Disclosures: You have the right to request an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, payment, or health care operations or for which we have obtained authorization.

Right to paper copy of Notice: You have the right to request a paper copy of this notice, even if you have agreed to accept this notice electronically.

Right to provide an authorization for other uses and disclosures: You may sign a release allowing Desert PT to disclose PHI to any individual or company as designated.

3. Complaints:

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services. For more information, you may contact me at:

Diana L. Munger, PT, DPT
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This notice becomes effective on January 21, 2008