



NOTICE OF PRIVACY PRACTICE

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

Capitol Physical Therapy, LLC (CPT) may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions in the Health Insurance Portability and Accountability Act of 1996. As follows, CPT has established a policy to guard against unnecessary disclosure of your health information.

1. The following is a summary of the circumstances and purposes for which your health information may be used and disclosed with written consent, signed upon admission.

To Provide Treatment CPT may use your health information to provide care to you and may disclose your health information to others who provide care to you, such as your attending physician and other health care professionals. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. CPT also may disclose your health care information to individuals outside of CPT involved in your care including designated family members, pharmacists, suppliers of medical equipment and/or other health care professionals.

To Obtain Payment CPT may include your health information in invoices to collect payment from third parties for the care you may receive from CPT. For example, CPT may be required by your health insurer to provide information regarding your health status so that the insurer will reimburse you or CPT. CPT also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

To Conduct Health Care Operations CPT may use and disclose health information for its own operations in order to facilitate the function of CPT and as necessary to provide quality care to all of CPT's patients. Health care operations include activities such as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management, and care coordination
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment
- Professional review and performance evaluation
- Training programs including those in which students, trainees or practitioners in health care learn under supervision
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs, including state regulating agencies
- Business planning and development including cost management and planning related analyses and formulary development
- Business management and general administrative activities of CPT
- Contacting your regarding certain marketing activities

For Treatment Alternatives CPT may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

2. The following is a summary of the circumstances and purposes for which your health information may be used and disclosed without your written consent or authorization

Legal Matters We will disclose health information about you outside CPT when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

Contacting You We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email. We may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Workers' Compensation CPT may release your health information to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Specific Government Functions If you are a member of the Armed Forces, CPT may disclose your health information, under certain circumstances, to military authorities to assist with a military mission.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside of CPT for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your health information for *other* reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION

You have certain rights regarding your health information listed below. In each of these cases, if you want to exercise your rights, you must do so in writing and submit it to: Capitol Physical Therapy, LLC, 411 Prairie Heights Drive, Suite 101, Verona, WI 53593. In some cases, CPT may charge you for the costs of providing materials to you.

Right to Inspect and Copy You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, CPT may charge you a reasonable fee for copying, assembling, and mailing costs associated with your request.

Right to Amend You have the right to amend your health information maintained by or for CPT, or used by CPT to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create, (unless the source of the information is no longer available to make the amendment); (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete.

Right to an Accounting of Disclosures You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of your health information. The list does not include all disclosures. For example it does not include disclosures to you, disclosures for treatment, payment and health care operations purposes described above, or disclosures made with you Authorization as described above.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you (a) for treatment, payment, or health care operations, or (b) to someone who is involved in your care or the payment for it, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request, and any time CPT agrees to a restriction, it must be in writing and signed by the Privacy Officer or her designee.

Right to Request Confidential Communications You have the right to request that we communicate with you about health matters in a certain way or at a certain place. For example, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice.

QUESTIONS OR COMPLAINTS If you have any questions about this Notice, please contact CPT (608) 848-6628. If you believe your privacy rights have been violated, you may file a complaint with CPT or with the Secretary of the Department of Health and Human Services. To file a complaint with CPT, contact the Privacy Officer at (608) 848-6628. You will not be penalized for filing a complaint.

Contact Person

Capitol Physical Therapy, LLC has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under federal privacy standards. If you have any questions regarding this Notice, you may contact:

Julie M. Lombardo, PT, MA, c/o Privacy Officer
411 Prairie Heights Drive, Suite 101
Verona, WI 53593
(608) 848-6628

Effective Date

This Notice is effective April 14, 2003.

Signature: _____ Date: _____