



## NOTICE OF INFORMATION AND PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CARE MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

### OUR LEGAL DUTY

Woodland Hills Physical Therapy is required by law to protect the privacy of your personal health information and provide you with this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices described herein.

We reserve the right to change this policy at any time. When changes are made, a new Notice of Information and Privacy Practices will be posted in the office and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information and Privacy Practices at any time.

### USES AND DISCLOSURES OF HEALTH INFORMATION

**Treatment:** We may use your health information for the purpose of treatment, obtaining payment for treatment, conducting internal administrative activities and evaluating the quality of care provided. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. We may also use your information to contact you to provide appointment reminders or to discuss any concerns regarding your care or billing issues.

**Healthcare Operations:** We may use your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, research studies and for emergencies.

**Public Health Reporting:** Your health information may be disclosed to public health agencies as required by law.

**Sales:** We will not sell any of your health information. Selling this information requires patient authorization.

**Your Authorization:** Our policy is to obtain your written authorization before disclosing your personal health information. Any other uses or disclosures (including marketing) not described in this Notice will be made only with your authorization. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

### PATIENT'S INDIVIDUAL RIGHTS

You have the right to request restrictions of the use and disclosure of your protected health information. You have the right to restrict disclosures of your health information to health plans in cases where you pay out of pocket in full for the healthcare treatments or items that you receive. You have the right to receive confidential communications concerning your medical condition and treatment. You have the right to inspect and copy your protected health information. You have the right to receive electronic copies of your health information that is maintained electronically. You have the right to request that a copy of your health information be transmitted to another person; this request must be made in writing, signed by you, and clearly identify the designated person and where to send the copy. You have the right to receive an accounting of how and whom your protected health information has been disclosed. You have the right to receive a printed copy of this notice. Affected individuals will be notified following a breach of unsecured personal health information.

### CONCERNS AND COMPLAINTS

We support your right to the privacy of your health information and insure you that you will not be penalized nor will the care you receive at our facility be impacted if you file a complaint. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to our Privacy Officer:

*Rodney Shorey, P.T., Privacy Officer*  
22151 Clarendon Ave  
Woodland Hills, CA 91367  
818-884-4810

You may also send a written complaint to the US Department of Health and Human Services.

*Effective 9/2013*