



Patient Information Privacy Practices

This notice describes how medical information about you may be used or disclosed and how it will be shared. Please read carefully.

Trinity Physical Therapy, LLC is required by law to protect the privacy of your personal health information and records. We are required to provide you this notice about our information practices and follow these practices which are disclosed below.

Trinity Physical Therapy, LLC uses your medical information primarily for treatment, obtaining payment for treatment you receive, conducting internal administrative activities, and for evaluating the treatment(s) that we provide you as well as their quality. Trinity Physical Therapy, LLC will provide information to proper authorities when required by a law.

Trinity Physical Therapy, LLC may also use and/or disclose your medical information for public health purposes, emergency situations, and internal research studies.

In any other situation Trinity Physical Therapy, LLC obtains authorization by you, and/or your guardian if applicable, before disclosing your medical information. At any time you can request (in writing) our office to revoke that authorization in future instances. If changes to our policy are made you will be informed by a notice displayed in our office reception area and you can also obtain a revised/updated copy.

You have the right to obtain and/or review a copy of your medical information and if any information is deemed incomplete or inaccurate by you, you may request (in writing) that our office correct these records. You may also request (in writing) that we provide you with a list of instances where we have disclosed your medical information for reasons other than treatment, payment, or other administrative reasons.

You may also request (in writing) that Trinity Physical Therapy, LLC not use or disclose your medical information for treatment, payment, and administrative reasons unless specifically authorized by you, when required by law, or in emergency situations. We will consider such requests but is not legally required to consent to them.

If you have concerns/questions or would like to make a complaint that Trinity Physical Therapy, LLC has violated your patient privacy rights please contact our HIPAA Compliance Officer at our office address. You may also send a written complaint to the United States Department of Health and Human Services.

Trinity Physical Therapy, LLC: 7402 HWY 69 S, Suite G, Tuscaloosa, AL 35405

Attention: Holly King (205) 758-5832

I have read and fully understand the Information Practices notice provided by Trinity Physical Therapy, LLC. I understand that Trinity Physical Therapy may disclose and/or use my medical information for the purposes of carrying out my treatment(s), obtaining/collecting payment(s), evaluating the services provided to me as well as their quality, and any administrative operations related to treatment(s) or payment(s). I understand that I have the right to restrict how my medical information is disclosed and/or used for treatment(s), payment(s), quality, and administrative purposes if I notify Trinity Physical Therapy, LLC in writing. I understand that Trinity Physical Therapy will consider all requests but is not legally bound to agree to such restrictions. I hereby consent to the disclosure and/or usage of my medical information for purposes stated in Trinity Physical Therapy LLC's notice of Patient Information Privacy Practices and understand that I reserve the right to revoke (in writing) this consent at any time.

Patient Name: _____ Legal Guardian: _____

Patient Signature (or Legal Guardian): _____ Today's Date: _____

3/23/2012