



### Notice of Patient Information Practices

Xtreme Physical Therapy uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For Example, XPT may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Xtreme Physical Therapy may also use or disclose your personal health information without prior authorization for public health purposes, for auditing, for research studies, for emergencies and when required by law. Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or patient's responsible party, understands that XPT has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered.

In any other situation, Xtreme Physical Therapy's policy is to obtain your written authorization before disclosing your personal health information. If you provide written authorization to release information, you may revoke that authorization to stop future disclosures at any time.

XPT may change its policy at any time. When changes are made, the new policy will be available on your next visit. You may also request an updated copy at any time.

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative services. Payment for treatment

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. XPT will consider all such request on a case by case basis, but the practice is not legally required to accept them.

If you are concerned that XPT may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed above. You may also send a written complaint to the US Department of Health and Human Services. For further information on Xtreme Physical Therapy's health information practices or if you have a complaint, please contact the following persons: Tara Smith, Office Manager, (504) 374-0017. Effective Date: 4/2003

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Signature (Parent if patient is minor)

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Date