

**Notice of Patient Information Practices**

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

**FIT Physical Therapy's Legal Duty**

FIT Physical Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein. Personal health information includes all of your unique identities that may include your name, address, date of birth, Social Security Number, photographs, email, etc.

**Uses and Disclosures of Health Information**

FIT Physical Therapy uses your personal health information primarily for treatment and for billing. Additionally, your personal health information will be used for evaluation of the quality of care that we provide and for internal administrative activities (i.e. outcome tracking, internal and external audits, and patient satisfaction surveys). We may also use your personal health information for future contact concerning appointments or other health-related activities that our facility may offer and we feel may be of interest to you.

FIT Physical Therapy may use or disclose your personal health information without obtaining your consent or authorization only when required by law or in specific situations which support the public good (i.e. emergency).

In all other situations, FIT Physical Therapy's policy is to obtain your written authorization or written authorization from your authorized delegate prior to disclosing your personal health information. After written authorization is provided, FIT Physical Therapy will disclose only the minimum amount of personal health information necessary to meet the needs of the request. You have the right to revoke authorization and stop future disclosures at any time.

FIT Physical Therapy may change its policy at any time. Should a policy change occur, an updated Notice of Information Practices will be posted in the lobby, in the gym area, and on our website and will be provided to all current and future patients. At anytime, you may request a copy of our Notice of Patient Information Practices.

**Patient's Individual Rights**

You have the right to review and/or obtain a copy of your personal health information at anytime. You have the right to request we correct inaccurate or incomplete information contained in your records. You also have the right to request a list of instances in which your personal health information has been disclosed by FIT Physical Therapy.

You may request, in writing, that we not use or disclose your personal health information for treatment and billing or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. FIT Physical Therapy will consider all such requests on a case by case basis; however, the practice is not legally required to accept these requests.

**Concerns and Complaints**

If you feel that FIT Physical Therapy may have violated your privacy rights or if you disagree with any decisions made regarding access or disclosure of your personal health information, please contact Roberta Friskney at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. FIT Physical Therapy will not retaliate against any individual filing a complaint. For additional information on FIT Physical Therapy's health information practices or if you have a complaint, please contact:

Roberta Friskney, Office Administrator

5318 Highgate Drive – Suite 134, Durham, NC 27713

(919) 237-3802 phone/ (919) 237-3807 fax