

**Notice of Privacy Practice**

This notice describes the circumstances under which Form & Motion Physical Therapy (“FMPT”) may use and/or share your healthcare information with third parties and how you can obtain access to that information. Please review this policy carefully. The Health Insurance Portability and Accountability Act (“HIPPA”) requires that organizations that maintain personal health information (“PHI”) protect the privacy of that information against unauthorized disclosures to third parties, without your consent. PHI includes all records maintained in our Electronic Health Records Software related to your health conditions, both physical and mental.

**Use and Disclosure of Your Protected Health Information**

By consenting to treatment and payment for services, you authorized use and sharing of your PHI without your written consent, for treatment, payment or administrative operations of FMPT. Before disclosing information about certain highly sensitive PHI such as mental health services, substance abuse treatment, HIV test results, sexually transmitted disease results, pregnancy termination, etc., FMPT will request written authorization from you prior to disclosure. There are instances in which a subpoena or court order may require disclosure of PHI without first obtaining written authorization from the patient. In these rare instances, we will make best efforts to notify the patient in advance of providing such records.

There are additional situations that may permit or require us to disclose your PHI without your written consent or authorization such as:

-As permitted or required by law;

-For Public Health Activities;

-For Health Oversight Activities;

-Judicial and Administrative Proceedings;

-For activities related to Death;

-For Research; and

-To avoid a serious threat to health or safety.

**Treatment may include:**

-Providing, coordinating, or managing healthcare and related services by one or more health care providers;

-Consultation between healthcare providers concerning a patient;

-Referrals to other providers for treatment;

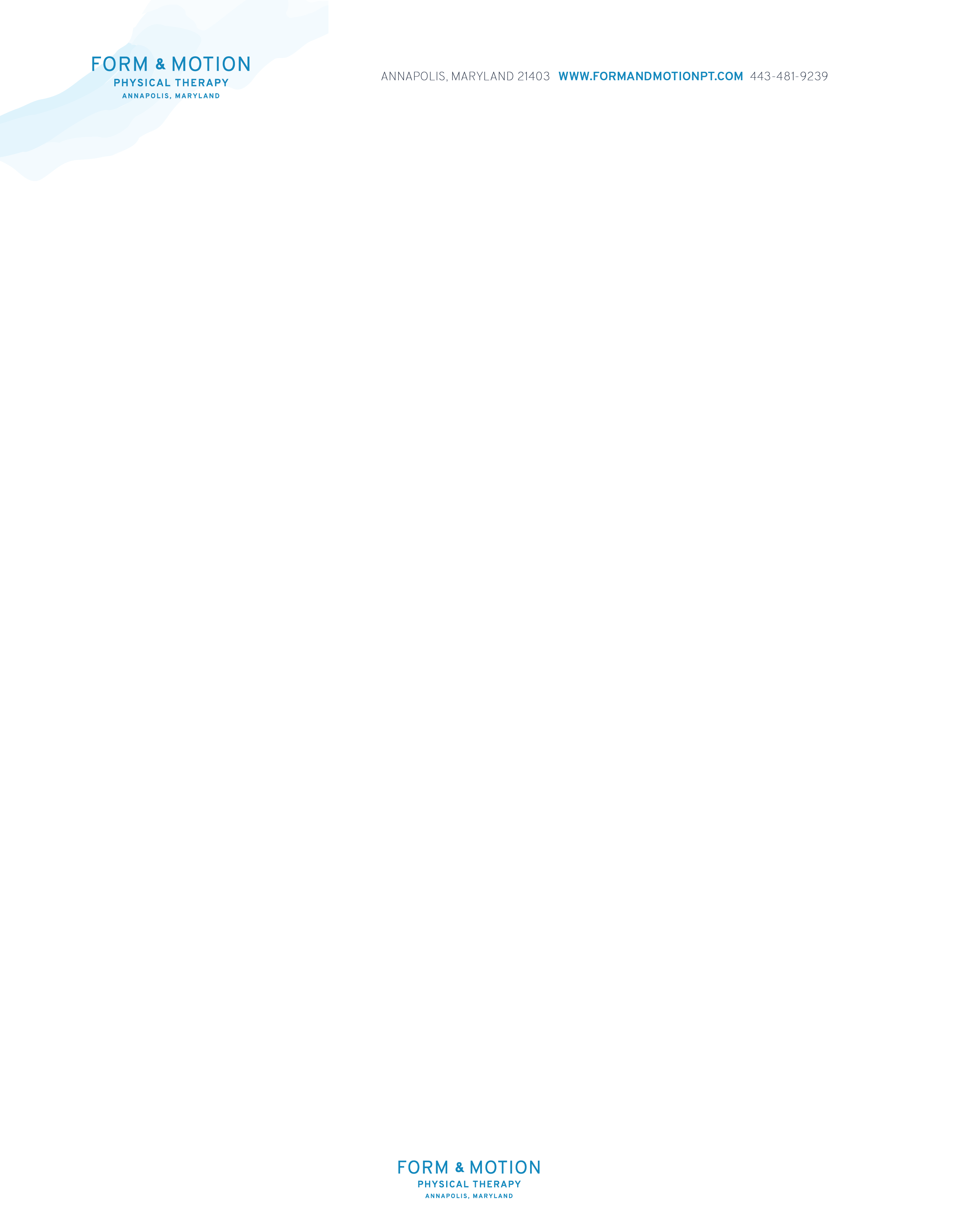
-Diagnosis, treatment, and outcome information metrics to enhance effectiveness of your treatment compared to similarly situated patients; and

-Referrals to nursing homes, foster care homes, or home health agencies.

**Payment Activities may include:**

-Activities undertaken by Form and Motion Physical Therapy, LLC to obtain reimbursement for services provided to you;

-Collection activities to obtain payment for services provided to you; and

-Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges.

**Health Care Operations may include:**

-Administrative and practical functions of operating a physical therapy practice including data entry by employees of FMPT;

Research, statistical analysis and treatment protocol improvements;

-Contacting healthcare providers and patients with information about treatment alternatives;

-Conducting quality assessment and improvement activities;

-Conducting outcomes evaluation and developmental of clinical guidelines

-Protocol development, case management, or care coordination; and

-Conducting or arranging for medical review, legal services, and auditing functions.

**Disclosure Authorization**

Unless you state otherwise, we will contact you by telephone, text message, or email, to provide appointment reminders. You must notify us of your preferred method of contact and if messages should **NOT** be left on a voicemail.

Absent written authorization, we will not discuss your treatment or care with family members or friends. However, if someone accompanies you to a session, we will assume that you have provided consent for disclosure of PHI. Health information may be released without authorization to a parent, guardian, or legal custodian of a child under the age of 18; the guardian of an incompetent adult, the healthcare agent designated in an incapacitated patient’s healthcare power of attorney; or the personal representative or spouse of a deceased patient.

You may revoke such authorization at any time, except to the extent we may have acted in reliance thereon. Any revocation must be in writing.

You have a right to review and/or obtain a copy of your PHI maintained in the normal course of treatment in the practice’s EHR Software. We are permitted to charge a reasonable fee for administrative time associate with copying and handling of your records. If you require a copy, please provide a written request with all patient information, dates of service, and method of delivery of records (email, fax, paper). Please note that paper copies are charged per page while electronic records are a flat fee.

If you believe that your privacy rights have been violated, you may file a complaint with the Office of Civil Rights under the US Department of Health and Human Services. We would appreciate that you contact us directly before doing so by submitting a complaint to the following individual:

Ingrid Ratz, DPT, PCES

Ingrid@formandmotionpt.com

443-481-9239

Please sign the attached \*HIPAA Acknowledgement and Authorization. We will maintain this Privacy Notice in your records. We ask that you retain a copy for yourself.