

Privacy Policy of Lifestyle Physical Therapy, Inc.

This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information. This notice will describe your rights and certain duties we have regarding the use and disclosure of medical information. This notice takes effect on June 10, 2015 and remains in effect until we replace it. Please review this notice carefully.

A. Our Commitment to Your Privacy:

Our practice is dedicated to maintaining the privacy of your individually protected health information (PHI). We understand that your PHI is personal and we are committed to protecting it. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We need this record to provide you with quality care and to comply with certain legal requirements.

B. Our Legal Requirements:

We are required by law to maintain the confidentiality of PHI that identifies you. We also are required by law to provide you with this notice of our legal duties, privacy practices, and your rights regarding your PHI. We are obligated to notify you in the event of a breach of your privacy. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

C. Our Rights:

We have the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. When we make a change, the updated notice will be available on our website: info@lifestylephysicaltherapy.com or upon request.

D. The Use and Disclosure of Your Medical Information:

The following section describes different ways we may use and disclose your PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose your PHI. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

For Treatment: Our practice may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students or other people who are taking care of you. We may also share medical information about you to your other healthcare providers to assist them in treating you.

For Payment: Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your PHI.

E. Questions and Complaints:

If you have any questions about this notice or if you think we may have violated your privacy rights, please contact us.

Lifestyle Physical Therapy, Inc. Debra Hagel-Wollman, Owner
12723 Ventura Blvd., Studio City, CA. 91604 Telephone: 818.579.4200 Fax: 818.579.4201

Our privacy policy gives individuals the right to request a restriction on uses and disclosures of their PHI. Please indicate below how you wish our office to contact you (check all that apply):

Home Tel OK to leave detailed message

Work Tel OK to leave detailed message

Cell Phone OK to leave detailed message

E-Mail OK to send me a detailed email and appointment reminders. You have my permission to share this with employees and contractors of Lifestyle Physical Therapy for the purpose of marketing and providing better service.

Privacy Practices Acknowledgement- I have reviewed the Notice of Privacy Practices and I have been offered a copy of it. It is my responsibility to notify Lifestyle Physical Therapy of any changes to the above restrictions.

Signature of Patient/Parent/Guardian _____ Date _____