

SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES INTEGRATED PHYSICAL THERAPY, LLC

EFFECTIVE 2008, THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THE FULL NOTICE OF PRIVACY PRACTICES, WHICH IS ATTACHED. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment, or health care operation purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We created a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all your records of your care generated by this health care practice, whether made by your personal physical therapist or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- *make sure that health information that identifies you is kept private
- *give you this notice of our legal duties and privacy practices with respect to health information about you and
- *follow the terms of the notice that is now in effect.

THIS IS HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU. The following categories describe the ways that we use and disclose health information. By coming in for care, you give us the right to use your information for treatment, sharing with your physician or other related health care professionals as necessary to carry out treatment, to get reimbursed for your care, and to operate IPT. There are also various other ways in which we may use or disclose information:

Use and disclose medical information about you for treatment.
To allow oversight of the quality of the healthcare we provide.
To allow Worker's Compensation Claims.
To allow payment from your insurance company.
As required by subpoena in law or disputes
Various uses as required by law, or to avert a serious threat to health or safety.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:
The right to inspect and copy, amend, request restrictions, paper copy of this notice, request confidential communications and an account of disclosures, if you so desire.

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE, or revise or changed notice effective for health information we already have about you as well as any information we receive in the future. In addition, each time you register for treatment or health care services we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Dee Aussprung 608-658-5352. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you. You may receive patient satisfaction surveys or cards of kindness in the mail. You may also choose to communicate via email or phone with your physical therapist.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that INTEGRATED PHYSICAL THERAPY, LLC has given you a copy of our Privacy Notice, which explains how your health information will be handled in various situations.

Check all that are true:

- I have received a copy of IPT's Privacy Notice.
- IPT has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient's Signature

Date

Legal Representative/Parent/Guardian

Date