



# *Integrated Physical Therapy*

## **Statement of Privacy Notice**

This notice describes how medical information about you may be used or disclosed, and how you can access this information.

Please review this notice carefully.

Your health information may be released to your insurance provider for the purpose of Integrated Physical Therapy Services receiving payment for providing you with needed physical therapy services. IPTS may share your health information with your physician for payment activities related to your care.

Your protected health information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic abuse.

Your protected health information may be released to other healthcare providers in the event that you need emergency care.

Your protected health information may be released only after receiving written authorization from you with the exception of those listed above or for treatment, payment, or healthcare operation. You may revoke permission to release information at any time in writing with an effective date and specific instructions as to which health information is to be protected. IPTS is not required to agree to your request.

You may be contacted by IPTS by phone, voice mail or mail to remind you of appointments, insurance verification, demographic info, etc. You have the right to request a more confidential method of providing your protected health information or alternative communication method at the time you are seen at Integrated Physical Therapy Services. IPTS will honor all reasonable requests.

You have the right to restrict the use of your protected health information. However, IPTS may choose to refuse your restriction if it conflicts with providing you quality healthcare or in the event of an emergency situation.

You have the right to review and photocopy any/ all portions of your health information. IPTS has the right to assess a fee for photocopying of the health information.

You have the right to request an amendment to your health information. This request must be in writing and explain why the information should be amended. IPTS can deny the requested amendment and if so, will provide a written explanation for the denial.

You have the right to possess a copy of this Statement of Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.

IPTS is required by law to protect the privacy of its patients. It will keep protected any and all patient health information and will provide patients with a list of practices that protect health information upon written request.

IPTS will abide by the terms of this notice. Integrated physical Therapy Services reserves the right to make changes to this notice and will continue to maintain the confidentiality of all health information. Changes to this notice will be redistributed at your next visit to IPTS.

You have the right to complain to Integrated Physical Therapy Services if you believe your rights to privacy have been violated, please mail your written complaint to:  
Integrated Physical Therapy Services  
Attn: Patient Information Privacy Officer  
825 Jones Road  
Yuba City, CA 95991

You may also file a complaint to :  
Office of Civil Rights  
United States Department of Health & Human Services  
200 Independence Avenue S. W.  
Room 509F, HHH Building  
Washington, D.C. 20201

If you would like more information regarding this Statement of Privacy Notice, please contact our privacy officer at (530) 673-0567.