

Notice of Privacy Practices

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

- 1) **Uses and Disclosures** Valens Physical Therapy & Sports Performance, LLC will use your protected health information (PHI) for the purposes of treatment, payment and health care operations.

Treatment includes the disclosure of health information to other healthcare providers who have referred you to physical therapy or whom you have designated in your Patient Attestation form (Direct Assess clients only). This may include Physician's, Physician Assistants, or Dentist. For instance, we provide your referring Physician with a copy of your physical therapy evaluation or progress notes when you have a follow-up visits with him/her.

Payment includes the disclosure of health information to your insurance company, so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was medically necessary.

Health Care Operations includes the utilization of your records to monitor the quality of care being given at Valens Physical Therapy & Sports Performance.

Email Communication: includes the utilization of your email address to send you appointment reminders, home exercise program material, billing, organization updates, and general communication.

Other Special uses may include using your PHI to send you an appointment reminder, or to follow-up with your progress.

Uses and Disclosures Required by Law

We may use and disclose your PHI only to an individual or entity that you designate in "HIPAA compliant authorization for the release of patient information" form. We may also disclose your PHI if required by law, for example by a court order or subpoena. In an emergent situation your PHI may be accessed if you cannot speak or act for yourself.

Please indicate if you would like to limit disclosure of services to your health insurance company. This is only an option for those patients who pay for their services out of pocket.

- 2) **Your Privacy Rights**

Restrictions: You have the right to request restrictions on how your PHI is used.

Confidential Communications: You have the right to request confidential communication from us at a location of your choosing. This request must be in writing.

Complaints: If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should have enough information so we can adequately investigate and respond. Valens Physical Therapy & Sports Performance is required to comply with the federal health information privacy regulations by maintaining the privacy of your PHI. This document serves as our *Notice of Privacy Practices*. We reserve the right to update this notice if required by law.

Valens Physical Therapy & Sports Performance, LLC
1501 Duke St., Suite 150
Alexandria VA 22314
703-535-5491

Patient Signature

Date

Witness Signature

Date