



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

PLEASE REVIEW IT CAREFULLY

This notice of Privacy Practices describes the practices of **WEST POINT PHYSICAL THERAPY CENTER INC.** **How We May Use and Disclose Medical Information About You.** We will share medical information about you with each other as necessary to carry out treatment payment, or our health care operations. We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

- **For Treatment:** We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them
- **For Payment:** We may use and disclose medical information about you so we can be paid for the services we provide to you.
- **For Health Care Operations:** We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate **WEST POINT PHYSICAL THERAPY CENTER INC.** and to maintain quality health care for our patients.
- **Appointment Reminders:** We may use and disclose medical information about you to contact you to remind you of an appointment you have with us.
- **Treatment Alternatives:** We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.
- **Health Related Benefits and Services:** We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you.
- **Individuals Involved In Your Care:** We may disclose to a family member, other relative, a close personal friend or another person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify our staff member who is providing care to you.
- **Required by Law:** We may use to disclose medical information about you when we are required to do so by law.
- **Public Health Activities:** We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect or domestic violence. This will occur to the extent the disclosure is: **(A)** required by law; **(B)** agreed to by you; or, **(C)** authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.
- **Health Oversight Activities:** We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary action.
- **Judicial and Administrative Proceedings:** We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
- **Disclosures for Law Enforcement Purposes:** We may disclose medical information about you to a law enforcement official for law enforcement purposes: **(A)** As required by law. **(B)** In response to a court, grand jury or administrative order, warrant or subpoena. **(C)** To identify or locate a suspect, fugitive, material witness missing person. **(D)** About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed. **(E)** To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct. **(F)** About crimes that occur at our facility. **(G)** To report a crime in emergency circumstances.
- **Coroners and Medical Examiners:** We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.
- **Funeral Directors:** We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information about you to organ procurement organization or other entities engaged in the procurement, banking or transplantation of organs eyes or tissue.
- **To Avert Serious Threat to Health or Safety:** We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.
- **Military:** If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.
- **National Security and Intelligence:** We may disclose medical information about you to authorized federal officials for the conduct of intelligence, and other national security activities authorized by law.



- **Protective Services for the President:** We may disclose medical information about you to authorized federal officials so they can provide protection to the president of the United States, certain other federal officials or foreign heads of state.
- **Inmates Persons in Custody:** We may disclose medical information about you to a correctional institution of law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (A) to provide health care to you; (B) for the health and safety of others; or (C) the safety security and good order of the correctional institution.
- **Workers Compensation:** We may disclose medical information about you to the extent necessary to comply with workers compensation and similar law that provide benefits for work-related injuries or illness without regard to fault.
- **Other Uses and Disclosures:** Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying **WEST POINT PHYSICAL THERAPY CENTER - 1115 W AVE M-14 - PALMDALE, CA 93551 ATT: AREA MANGER** in writing of you desire to revoke it. However, if you revoke such an authorization, it will not have any affect on action taken by us in reliance on it.
- **Your Rights With Respect to Medical Information about You:** You have the following right with respect to medical information that we maintain about you.
- **Right to Request Restrictions:** You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (A) a family member, other relative, a close personal friend or any other person identified by you; or (B) for to public or private entities for disaster relief efforts. To request a restriction, you may do so at the time you complete your consent form or at any time after that time if you request a restriction after that time, you should do so in writing to **WEST POINT PHYSICAL THERAPY CENTER - 1115 W AVE M-14 -PALMDALE, CA 93551 ATT: MEDICAL RECORDS** and tell u (A) what information you want to limit; (B) whether you want to limit use of disclosure or both; and (C) to whom you want the limits to apply. We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.
- **Right to Receive Confidential Communications:** You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication you must do so in writing to **WEST POINT PHYSICAL THERAPY CENTER - 1115 W AVE M-14 - PALMDALE, CA 93551 ATT: AREA MANAGER**. Your request must state how or where you can be contacted we will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled.
- **Right to Inspect and Copy:** With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you. To inspect or copy medical information about you, you must submit your request in writing to **WEST POINT PHYSICAL THERAPY CENTER - 1115 W AVE M-14 - PALMDALE, CA 93551 ATT: MEDICAL RECORDS**. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and if you ask that it be mailed to you, the cost of mailing. We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. We may deny your request to inspect and copy medical information if the medical information involved is: (A) Psychotherapy notes; (B) Information compiled in anticipation of or use in a civil, criminal or administrative action or proceeding. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will conducted by a licensed health care professional designed by us who was not directly involved in the denial. We will comply with the outcome of that review.
- **Right to Amend:** You have the right to ask us to amend medical information about you. You have the right for so long as we maintain the medical information. To request an amendment. You must submit you request in writher to **WEST POINT PHYSICAL THERAPY CENTER - 1115 W AVE M-14 - PALMDALE, CA 93551 ATT: MEDICAL RECORDS**. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by **WPPTC**; is not part of the medical information kept by or for **WPPTC**; is not part of the information which you would permitted to inspect and copy; or is accurate and completed in the record.

Addendum: To submit an addendum, the addendum must be made in writing and submitted to

WEST POINT PHYSICAL THERAPY CENTER , INC.
1115 WEST AVE. M-14
PALMDALE, CA 93551
ATTN: MEDICAL RECORDS