

NOTICE OF PRIVACY PRACTICES

Purpose: This notice describes how medical information about you may be used and disclosed. This notice also describes how you can get access to this information. Please review it carefully.

Magnolia Physical Therapy, LLC, would like you to know that we have specific policies in place to safeguard your protected health information (PHI). These policies are in accordance with HIPPA, the federal government's mandated privacy and security program.

Your PHI is gathered and used for the following reasons:

1. To provide treatment (ex: sending medical information to the referring doctor)
2. To secure payment (ex: sending chart notes to the payer source)
3. To complete healthcare operations (ex: sending charts to our physical therapy network for quality assurance review; courtesy phone calls to remind you of your appointment or reschedule missed appointments; post discharge patient satisfaction surveys)

If your PHI is needed for other uses or disclosures, your written authorization will be obtained prior to releasing any information. You may revoke your written authorization at any time.

You do have the right to restrict some of the uses of your PHI as outlined above. However, this facility may elect to not treat you if your restrictions prevent us from engaging in normal business practices such as billing and collecting or obtaining medical clearance from your physician to treat. You have the right to access your records, copy and amend your records and request confidential communications. You may obtain a copy of disclosures that would have required authorization.

You have the right to complain about our privacy practices to both our privacy officer and to the department of Health and Human Services. Our privacy officer is the Vice President of Administrations who can be reached at 504-733-0254.

Finally, it is our intent to follow the law as it relates to maintaining the confidentiality of your PHI, provide you with this notice and to follow our

own policy. We reserve the right to change our privacy policies and the terms of this notice at anytime as well as to make new practices and notice effective for all PHI maintained. Please know that any questions or complaints regarding our privacy practices will not result in retaliation from our facility. If you have any questions, please contact the privacy officer.

Effective 07/01/2005

Acknowledgment

I have received a NOTICE OF PRIVACY PRACTICES from Magnolia Physical Therapy, LLC. I have read and understand how my PRIVATE HEALTHCARE INFORMATION (PHI) is used and/or disclosed for treatment, payment, or healthcare operations. I understand that I may request in writing any restrictions of the use of my PHI. I also understand that if my restrictions limit Magnolia Physical Therapy, LLC from engaging in normal business practices that Magnolia Physical Therapy, LLC may elect to deny treatment. Finally, I have been informed by Magnolia Physical Therapy, LLC that their privacy is office is the Vice President of Administrations. The phone number to reach the privacy office is 504-733-0254.

Patient Signature

Date

Magnolia Physical Therapy Representative

Date

Notice Given to Patient YES NO

Patient Wishes to Limit Use of PHI YES NO

Usage Restrictions:

1. _____

- 2. _____
- 3. _____
- 4. _____

Patient Signature

Date

Magnolia Physical Therapy Representative

Date