



Advance Physical Therapy

Certified Postural Restoration Center

Notice of Patient Information Practices

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Advance Physical Therapy (APT) is required by law to protect the privacy of your personal health information, to provide this notice about our information practices and to follow the information practices that are described below.

APT uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities, and evaluation the quality of care we provide. For example, APT may use your protected health information to contact you to schedule appointments, provide appointment reminders, or to provide information about treatment alternatives, classes offered, or other health related benefits that could be of interest to you.

APT may also use or disclose your protected health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, APT's policy is to obtain your written authorization before disclosing your protected health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

APT will not sell your protected health information for any reason (marketing or to third party entities) without your authorization. Selling your information is not currently a practice of APT.

APT may change its policies at any time. When changes are made, a new Notice of Patient Information Practices will be posted in the waiting room and will be offered to you on your next visit. You may also request an updated copy of our Notices of Patient Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your protected health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes. The first request is free (1 free copy every 12 months), additional requests can be charged; the charge is applied to cover the cost of materials. Patients must send request in writing and declare where the information should go. APT will send you your information in the form of an e-copy, PDF, word document.

If you are paying "out of pocket" for physical therapy services, you may request that APT not disclose your protected health information.

You have the right to know that use of email as a mode of communication regarding PHI cannot be guaranteed by APT to be secure from unauthorized infiltration. APT will communicate via email with you after permission from you is granted. Patients can sign the agreement on the Patient Information page.

You may also request in writing that APT not use or disclose your protected health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. APT will consider all such requests on a case-by-case basis.

CONCERNS AND COMPLAINTS

If you are concerned that APT may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your protected health information, please contact our Compliance Officer at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information, to express any concerns or to file a complaint, please contact the following person:

Compliance Officer, Jean Massé
Advance Physical Therapy
77 South Elliott Rd, Chapel Hill, NC 27514