

Notice of Privacy Practices

Effective April 14, 2003

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.

We understand that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

When you receive care from us, we may use your health information for treating you, billing for services, and conducting our normal business known as healthcare operations. Examples of how we use your information include:

TREATMENT: We keep records of the care and services provided to you. Healthcare providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment.

PAYMENT: We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance to verify coverage for your care or notify them of upcoming services provided to you to claim and obtain payment from your insurance company or Medicare.

HEALTHCARE OPERATIONS: We use your health information to improve the quality of care, train staff, provide customer service, manage costs, conduct business duties, make plans to better serve our patients, and to provide patient educational materials.

To use health information for other than the above requires your signed authorization.

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drug problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- To reduce and prevent a serious threat to public health and safety.
- For other limited situations, see a full copy of our Notice of Privacy Practices.

We are required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.
- We reserve the right to make changes to this notice at any time and make the new privacy practices effective with all information we maintain. You may request a copy of any notice from our Privacy Officer.

You have the right to:

- Request restrictions on how we use and share your health information. We will consider the requests for restrictions carefully but are not required to agree to any restrictions.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect a copy of your health information, including medical and billing records. Fees may apply. Under limited circumstances we may deny you access to some portion of your health information and you may request a review of the denial.
- Request an accounting of certain disclosures of your health information made by us.

All the above requests MUST be made in writing through our Privacy Officer.

This notice summarizes our Privacy Practices. If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information:

**Contact our Privacy Officer
Monica Olivares**

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

We are required by law to have you sign an *Acknowledgement of Receipt of Privacy Practices*. We would appreciate your cooperation in obtaining a copy from the receptionist.

Oasis Physical Therapy

Notification of Policies

1. Acknowledgement or Receipt of Privacy Practices

- a. I have received a copy of Oasis Physical Therapy's notice of Privacy Practices. I understand that I have the right to refuse to sign the acknowledgement if I so choose.

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2. Assignment and instructions for direct payment to Oasis Physical Therapy

- a. I hereby instruct _____ insurance company to pay by check to: **Oasis Physical Therapy at 4215 W Convention Place, Ste B, Pasco, WA 99301**. If my policy prohibits direct payment to provider, then I hereby instruct and direct you to make out the check to me and mail it to the address above. This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to Oasis Physical Therapy, and I have agreed to pay any balance of said professional charges over and above the insurance payment. I also authorize any release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Initial _____

3. No Show & Cancellation Policy

- a. Failure to cancel 24 hours prior to your appointment time or not showing for your appointment will result in a \$20.00 fee. Your insurance will not cover this charge. For worker's compensation claims, missed appointments may be forwarded to your case manager and your primary physician.

Initial _____

4. Oasis Commitment to Patient

- a. Oasis Physical Therapy is a privately owned, outpatient, orthopedic physical therapy clinic. When you become a client of Oasis Physical Therapy, you do not hire just one person. You employ a team of professionals who work together to help you meet your goals. As manually trained therapists, one of those tools, are our hands. Through our hands we evaluate musculoskeletal imbalances contributing to your dysfunction. Following evaluation, we then begin effectively implementing a treatment program through soft tissue and joint mobilization techniques to improve your ability to move. Our goal is to help you eventually regain maximal pain free motion in postural alignment during functional activities.

At Oasis Physical Therapy we employ both male and female therapists as part of your rehab team. It is important to us that you are always comfortable with the manual portion of your treatment. To assist with your comfort we provide gowns, tank tops, shorts and towels for draping to ensure modesty for the patient while we provide quality manual care. If at any time you still feel uncomfortable, we strongly urge you to please feel free to let us know. We will customize your schedule as needed to ensure your comfort, and therefore the best therapeutic environment to meet your goals.

Oasis Physical Therapy is pleased to have you as a client. We are honored that you chose us to help you with your rehabilitation. By doing so, you have joined a dedicated team of professionals whose focus is on you. Your success is our success.

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