

ADVANCED PHYSICAL THERAPY, LLC
NOTICE OF PRIVACY PRACTICES

This Notice describes how Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice is effective from April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

Uses and Disclosures of Health Information

Your health information may be used or disclosed for purposes of treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your health information may be provided to a medical specialist to whom you have been referred to ensure that the specialist has the necessary information to diagnose or treat you.

Payment: We may use or disclose your health information to appropriate insurance carriers and/or attorneys for purposes of billing and collection, in order to obtain payment for services we provide to you.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations, which include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment and healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Your Family, and Friends: We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of, (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communication without your written authorization.

Disclosures Without Authorization

We may use or disclose your health information in the following situations without your authorization. These situations include: as Required by Law; Public Health issues as required by law; Health Oversight; Abuse or Neglect; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Worker's Compensation, and Appointment Reminders (such as voicemail messages, postcards, or letters).

Patient Rights

You have the following rights regarding your health information:

Right to Inspect and Copy: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make the request in writing. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: You have the right to request that we amend your health information, if you believe that it is incorrect or incomplete. We may deny your request for an amendment if it is not in writing, does not include a reason to support the request, the current information is accurate and complete or if we did not create the information.

Right to an Accounting of Disclosures: You have the right to request a list of our disclosures for purposes other than treatment, payment or health care operations or disclosures made to you or your representative, authorized by you, or made to law enforcement personnel. Your request must state a time period and may not include dates before April 14, 2003. If you request more than one list in a year, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may change your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to ask us to limit our use or disclosure of your health information. We are not required to agree to your request, but if we agree to it, we will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing, telling us how you intend to satisfy your financial responsibility, and specify an alternate way that we can contact you confidentially.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may complain to us using the contact information provided in this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

We will request your written authorization for uses and disclosure of your health information that we did not identify in this Notice. You may revoke your authorization in writing at any time by contacting us using the contact information provided in this Notice.

ADVANCED PHYSICAL THERAPY, LLC

4000 Old Court Road #100

PIKESVILLE, MD 21208

Telephone: (410) 415-0005

Fax: (410) 415-0006