

## Washington Wellness Center for Physical Therapy and SportsCare Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

### Uses and Disclosures of your protected health information (PHI):

Treatment: with your agreement your information will be disclosed to additional healthcare providers involved in your care.

Payment: includes the disclosure of your PHI for payment to insurance companies. At times insurance companies require information regarding your medical procedures and treatment to determine that your treatment was medically necessary.

Health Care Operations: information will be utilized to improve the quality and cost of care delivered. This may include for business management, professional peer review and evaluation of therapist performance.

Appointments and Services: includes the use of your email address and phone number for appointment reminders or information about your treatment or other health-related benefits and services that may be of interest to you. If you would like us to refrain from using this information please submit your request in writing and we will accommodate this request.

### Other Uses and Disclosures permitted/required by law:

- \*public health activities, such as required reporting of disease, injury, birth and death or required public health investigations
- \*if we receive reports on abuse, neglect, or domestic violence
- \*to the Food and Drug Administration to report adverse events, product defect/recalls
- \*to your employers when we provide care to you at the request of your employer
- \*to a government agency conducting audits, investigations, civil or criminal proceedings
- \*court subpoena or law enforcement officials as required by law
- \*to funeral directors/coroners as consistent with law
- \*to worker compensation agencies for benefit determination

### Your Privacy Rights:

You have the right to request restrictions on uses and disclosures of your PHI for treatment, payment, or healthcare operations. We will attempt to accommodate reasonable requests when appropriate.

If you believe your privacy rights have been violated you can file a complaint in writing without retaliation. If you have questions or need further assistance regarding this Notice you may contact us at:

Washington Wellness Center for Physical Therapy and SportsCare, LLC  
1100 H St NW  
Suite LL-110  
Washington DC 20005  
202-347-2373

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_