



Consent for Use and Disclosure of Protected Health Information

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review the full Notice of Privacy Practices (NPP) which is attached. If you have any questions about this notice, please contact Rebecca Hubbard, PT at (508)347-7550.

WHO WILL FOLLOW THIS NOTICE: Hubbard Physical Therapy, LLC

This notice describes our privacy practices.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal physical therapist or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you;
- and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- Appointment Reminders
- To Allow Oversight of the Quality of the Healthcare We Provide
- To Allow Workers' Compensation Claims
- As Required by Subpoena in Lawsuits and Disputes
- Various Uses as Required by Law or to Avert a Serious Threat to Health or Safety

The full details for all these uses are contained in the full NPP.



YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

- Right to Inspect and Copy
- Right to Amend
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper Copy of This Notice

Information on how to exercise these rights can be seen in the NPP or can be obtained from Rebecca Hubbard, PT, at (508)347-7550.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Rebecca Hubbard, PT. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provide to you

By signing this form, you are consenting to our use, release and disclosure of your PHI to carry out your treatment, payment activity, healthcare options and obtain medical information related to your care. You have the right to request a written copy of our Notice of Privacy Practices, which is available at the front desk.

You may revoke this right. If you chose to do so, it may affect our ability to initiate or continue adequate treatment.

- I give permission for Hubbard Physical Therapy to use and disclose my PHI
- I do NOT give permission to Hubbard Physical Therapy the use and disclosure of my PHI

Signature of Patient or Responsible Party: _____

Date_____