



6701 W. Blondell St. Wasilla, AK 99654

PATIENT RIGHTS & RESPONSIBILITIES

The patient has the right to:

- Receive the care necessary to help regain or maintain his/her maximum state of health and, if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of service.
- Expect full recognition of individuality, including personal privacy in treatment and care. In addition, all communications and records will be kept confidential.
- Complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment and procedure.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person
- Make informed decisions regarding his/her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his/her actions should he/she refuse treatment or not follow the instructions of the provider.
- Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Provide patient access to and/or copies of his/her individual medical records.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.

The patient is responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he/she clearly understands the planned course of treatment and what is expected of him/her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility with a courtesy phone call. 24 hour notice is very much appreciated!
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.



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- Observing prescribed rules of the facility during his/her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.
- Promptly fulfilling his/her financial obligations to the facility.
- Identifying any patient safety concerns.



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### NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographics information that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon, your request, you can receive any revised Notice of Privacy Practices by written request and we will send you a copy or you can come by the office to pick up a copy at your next appointment.

#### 1. How We May Use and Disclose Your Protected Health Information

Your healthcare provider will use or disclose your protected health information as described in Section 1. Your protected health information may be used and disclosed by your healthcare provider, our office staff and others outside of our facility that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of First Choice Physical Therapy.

Following are examples of the types of uses and disclosures of your protected healthcare information that First Choice Physical Therapy is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our facility.

**Treatment:** First Choice Physical Therapy may use protected health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in your care. We may also disclose protected health information about you to individuals outside of First Choice Physical Therapy who may be involved in your medical care, such as family members or others we use to provide services who are part of your care. When required, we will obtain your authorization before disclosing any of your information. Only the minimal amount of information will be revealed during any disclosure.



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**Payment:** Your protected health information will be used, as needed, to obtain payment of your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** First Choice Physical Therapy may use or disclose as-needed, your protected health information in order to support the business activities of your healthcare provider and First Choice Physical Therapy. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and others to:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your case and similar cases
- Learn how to improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the health care we provide

In addition, we may also call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that may perform various activities (i.e, billing, transcription services, etc) for First Choice Physical Therapy. Whenever an arrangement between First Choice Physical Therapy and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that maybe of interest to you.

Other Permitted and Required Uses and Disclosures That May Be made With Your Authorization, or Opportunity to Object.



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You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed. We may use and disclose your protected health information in the following instances.

**Others Involved in Your Healthcare:** Unless you object, First Choice Physical Therapy may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly related to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

**Other Permitted and Required Uses and Disclosures That May Be made Without Your Authorization or Opportunity to Object:**

First Choice Physical Therapy may use or disclose your protected health information without your authorization in the following situations:

**Required By Law:**

First Choice Physical Therapy may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:**

First Choice Physical Therapy may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:**

First Choice Physical Therapy may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition.



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**Health Oversight:**

First Choice Physical Therapy may disclose protected health information to a health oversight agency/representative for activities authorized by law, such as audits, investigations and inspections. Oversight agencies/representatives seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:**

First Choice Physical Therapy may disclose your protected health information to a public health authority who is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and/or state laws.

**Food & Drug Administration:**

First Choice Physical Therapy may disclose your protected health information to a person or company required by the Food and Drug Administration to; report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

**Legal Proceedings:**

First Choice Physical Therapy may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:**

First Choice Physical Therapy may disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and those otherwise required by law (2) limited information requests for identification and location purposes (3) pertaining to victims of a crime (4) suspicion that death has occurred as a result of criminal conduct (5) in the event that a crime occurs on the premises of the provider's location (6) medical emergency, away from the provider's premises, and it is likely that a crime has occurred.

**Coroners, Funeral Directors and Organ Donation:**

First Choice Physical Therapy may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral directors to carry out their duties. We may disclose such information in reasonable anticipation of death.



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Protected health information may be used and disclosed for organ, eye or tissue donation purposes.

**Research:**

First Choice Physical Therapy may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:**

Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of someone on the general public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by authorized military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

**Workers' Compensation:**

Your protected health information may be disclosed by First Choice Physical Therapy as authorized to comply with worker's compensation laws and other similar legally established programs.

**Required uses and Disclosures:**

Under the law, we must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services to investigate our determine our compliance with the requirements of Section 164.500 est.seq., Privacy of Individually Identifiable Health Information.

**2. Your Rights:**

Following is a statement of your rights with respect to your protected health information and a description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information.



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A “designated record set” contains medical and billing records and any other records that your healthcare provider at First Choice Physical Therapy use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our medical records department if you have questions about access to your medical record. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing and any other supplies associated with your request. The current fee is \$.25/page and we have 48 hours to get the medical record copied for you.

**You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your healthcare provider is not required to agree to restrictions you may request. If the healthcare provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your healthcare provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your therapist.

**You have the right to request to receive confidential communication from First Choice Physical Therapy by alternative means or at an alternative location.**

You may request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method(s) of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our medical records department.

**You may have the right to have your healthcare provider amend your protected health information.**

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to



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file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our medical records department to determine if you have a question about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after June 15, 2006. You may request a specific time frame if desired.. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from First Choice Physical Therapy. You have the right to a copy of this notice. You may ask us to give you a copy of this notice at anytime. To request a copy of this notice, you must make your request in writing to First Choice Physical Therapy Privacy Officer.

### 3. Complaints

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at 907-357-9755 or [fcpt@mtaonline.net](mailto:fcpt@mtaonline.net) for further information about the complaint process.

This notice becomes effective June 16, 2006.