

Synergy Physical Therapy

HIPPA Notice of Privacy Practices

We understand that health information about you is personal and we are committed to protecting it. We create a record of the care, services and assessments you receive from us. We need this record to provide you with the quality care and to comply with certain legal requirements. This Notice applies to all of the health related records of your care generated by Synergy Physical Therapy, whether made by your personal treating practitioner or others working within Synergy Physical Therapy. This Notice will tell you about the ways in which we may use and disclose 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.
- Follow the terms of the Notice that is currently in effect.

How we may use and disclose health information about you:

- For Treatment
- For Payment
- For health care operations
- For appointment reminders
- As required by Law
- To avert a serious threat to health and safety
- As required by the Military, Veterans Administration or Workers Compensation authorities
- To avoid public health risks
- To provide health oversight activities
- As required for lawsuits and disputes
- In support of law enforcement
- As requested by coroners, health examiners and funeral directors
- To comply with National Security and Intelligence activities
- As required to provide Protective Service for the President and others

Your rights regarding Health Information about you:

- Right to Inspect and copy
- Right to Amend
- Right to Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper copy of this Notice

Changes to this Notice:

We reserve the right to change this notice. We will retain an archived copy of all versions of this Notice.

Complaints:

If you believe that your privacy rights have been violated you may file a complaint with us. All complaints must be in writing to:

Synergy Physical therapy
12951 Bel Red Road, Suite 100
Bellevue, WA 98005

Acknowledgement of Receipt of this Notice:

We will request that you sign page 3 of this Notice acknowledging you have received a copy of this Notice.

This acknowledgement will become part of your records.

Acknowledgement of Receipt HIPAA Notice of Privacy Practices

I _____, (please print) acknowledge receipt of a copy of the Notice of Privacy Practices of Synergy Physical Therapy.

Patient or Personal Representative Signature _____ / _____ / _____
Month Day Year

Please include the names of persons with whom we are allowed to discuss your medical condition and/or billing information.

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

- All healthcare information in my medical record
- Insurance billing information
- Healthcare information in my medical record relating to the following treatment

- Other (appointments, test results, etc.)

I authorize Synergy Physical Therapy to email or fax the following information to the email address and fax number, per my request.

- All healthcare information in my medical record
- Insurance billing information
- Healthcare information in my medical record relating to the following treatment

- Others (appointments, test results, etc.)

E-mail Address

I authorize Synergy Physical Therapy to discuss my billing and/or medical condition with the above named person(s).

Patient or Personal Representative Signature _____ / _____ / _____
Month Day Year