

Horizon Balance and Dizziness Center

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PATIENT 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.

Brent Webb P.T. will only use patient health care information for treatment, payment and health operations purposes.

When providing treatment may be necessary to share health information with other physicians or medical facilities. This may include specialists, referring physicians, primary care physicians, surgical centers and hospitals.

During healthcare operations the practice will protect patient health information by assessing information that is reasonable, documenting disclosures, speak quietly and share no specific health information outside the practice. Contacting a patient regarding appointments and transmitting relevant information about health services is part of healthcare operations.

Authorization and Assignment of Benefits must be read, signed and dated by the *patient prior to any services. However, if changes are made to this policy a -new form- must be read, signed and dated. Brent Webb P.T. reserve the right to decline a patient who refuses to sign *the Authorization and Assignment of Benefit*.

Brent Webb P.T. patients have the following rights regarding their healthcare information:

- 1) The right to request restrictions on the policies as defined in the notice of private practice. The *patient must submit a written request to the office manager requesting restrictions.
- 2) The right to access, inspect, copy and amend his or her, own records. The patient must sign a "Release of Medical Record" consent.
- 3) The right to receive a listing of all information disclosures upon request.
- 4) The right to receive a paper copy of the privacy notice upon request.
- 5) The right to revoke the *Authorization and Assignment of Benefits* consent in writing at any time.
- 6) The right to file a complaint with the practice and/or the Department of Health and Human Services if you feel that your privacy rights have been violated.

Brent Webb P. T. is legally required to safeguard patient healthcare information, provide notice of it's privacy policies and is bound by the terms of the notice unless amended in accordance with the law. A separate consent is required for non-exempt use of patient health information.

Signature _____ Date _____
(*patient or guardian)

*The word patient in the above document may mean legal guardian or legally authorized person.