

Notice of Privacy Policies and Practices

At RS Physical Therapy we are committed to protecting your health information. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights to your protected health information.

Understanding your medical record / health information: A record of your visit is made each time you visit RS Physical Therapy, Inc. This record contains information about your visit including your assessments and progress notes. This information is often referred to as your health or medical record, and serves as the Basic to plan your care and treatment, means of communication with other health professionals involved in your care, legal document outlining and describing the care you received, a tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided, an education tool for medical health providers, a source of data for planning and/ or marketing, and as a tool that we can refer to ensure the highest quality of care and patient satisfaction. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

Your Rights

You have certain rights under the federal privacy standards. *These include:*

1. The right to request restrictions on the use and disclosure of your protected health information.
2. The right to receive confidential communication concerning your medical condition and treatment.
3. The right to inspect and copy your protected health information.
4. The right to amend or submit corrections to your protected health information.
5. The right to receive an account of how and to whom your protected health information was shared.
6. The right to receive a printed copy of this notice.

Our Responsibilities:

RS Physical Therapy, Inc is required to maintain the privacy of your health information, provide you with the notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, and to accommodate reasonable requests you may have regarding communication of health information via alternative means and/ locations. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorized according to procedures included in the authorization.

How we may use and/or disclose your health information:

We will use your health information for treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your progress, concerns, and precautions. ***We will use your information for payment.*** Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you. ***We will use your information for regular health operations:*** Your health information may be used as necessary to support the day-to-day activities and management of RS Physical Therapy, Inc. For example: information on the services you receive may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Business associates: In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them

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to provide. Some examples of these “business associates” might be billing service, collection agency, answering service, computer software or hardware, orthotics and home medical equipment places.

Communication with family: Due to the nature of our field we will use our best judgment when disclosing health information to a family member other relatives or any other person that is involved in your care or that you have authorized to receive this information have authorized to receive this information. Please inform practice when you do not wish a family member or other individual to have authorization to receive your information. **Research/ testing/ training:** We may use your information for the purpose of research, teaching, and training. **Law enforcement:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspection, to facilitate law-enforcement investigations, and to comply with government mandate reporting. **Appointment reminders:** The practice may be using your information to remind you about missed appointments. Typically, missed appointment reminders may be left on your answering machine with a brief and non-specific message. If you don’t approve of this method or, if you prefer an alternative method (i.e., email) please inform us. **Other uses and disclosures:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure information that occurred before your notified us of your decision. For more information or to report a problem:

If you have a complaint, question or would like additional information regarding this notice or privacy practices of RS Physical Therapy, please contact:

Attn: Privacy Manager
RS Physical Therapy
45023 W Pontiac trail, Novi, MI 48377
248 960 2334

If you believe that your privacy rights have been violated, please contact the above –mentioned practice privacy official or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no relation for filling a complaint with either the practice’s privacy Official or with the office for Civil Rights. The address for the Office for Civil Rights is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave.,
S W Room 509F, HHH Building,
Washington D.C., 20201.

A written request to inspect and copy your medical information must be submitted to the privacy manager and then an appointment will be scheduled for you to review your record.

RS Physical Therapy reserves the right to deny your request to inspect and/ or copy your applicable medical information.