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Privacy Policy of Excel Physical Therapy and Rehab, PLLC

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

Excel Physical Therapy & Rehab is committed to maintaining and protecting the confidentiality of your protected health information (PHI). We are required by federal and state law to protect the privacy of your PHI.

USES AND DISCLOSURES

Treatment: Your PHI may be shared with staff members and referring physician for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Payment: Your PHI may be used to seek payment from your health insurance or from other sources of coverage such as an automobile insurer, or worker’s compensation carrier. This includes third parties such as billing agencies.

Health Care Operation: Your PHI may be used as necessary to support the day-to-day practice and management of Excel Physical Therapy & Rehab that may include but not limited to quality improvement, budgeting, and financial reporting.

Law Enforcement: Your PHI may be disclosed to law enforcement agencies, without your permission to support facilitate law-enforcement investigations, government audits and inspections, and to comply with government mandated reporting.

Lawsuits and Disputes: Your PHI may be disclosed in response to a court or administrative order or dispute and Excel Physical Therapy & Rehab is served with a subpoena, warrant, summons, or other lawful process.

Public Health Reporting: Your PHI may be disclosed to public health agencies as required by law to report certain communicable diseases to the state Public Health Department.

Appointment Reminders: You may be contacted by our staff regarding appointment openings and reminders. If you have any concerns about us leaving messages or information pertaining to appointment dates and times with other household members, please let us know. No confidential patient information will be left by phone.

Other uses and Disclosures Require Your Authorization: Disclosure of your PHI or its use for any purpose other than those listed above requires your specific authorization. If you change your mind after authorizing a use or disclosure of your information you may submit in written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred prior to such notification.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights under the federal privacy standards regarding the health information that we maintain about you. These rights are as follows:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend and submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice.

RIGHTS TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices in accordance with federal and state laws. You will be provided a revised notice should such a change occurs.

REQUEST TO INSPECT PHI

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing to our office.

I ACKNOWLEDGE that I have received a copy of Excel Physical Therapy & Rehab’s notice of privacy practices. I understand that this information describes how Excel Physical Therapy & Rehab may disclose and use my PHI.

Patient’s Name: _____ (please print)

Patient’s Signature: _____ Date: _____