

PRIVACY NOTICE

To Our Patients:

WE ARE REQUIRED TO PROVIDE YOU WITH THIS INFORMATION AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT. THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED, DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of receiving payment for healthcare services.
- Your confidential healthcare information may be released to the public or law enforcement officials in the event of an investigation in which you are a victim of abuse, crime, or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of communicable disease.
- Your confidential healthcare information may **not** be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after written authorization from you. You may revoke your permission to release healthcare information at any time.
- You may be contacted by the clinic to remind you of any appointments, healthcare treatment options, or other health services that may be of interest to you.
- You have the right to restrict the use of your confidential healthcare information. However, the clinic may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of the **Privacy Notice** upon request.
- The clinic is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The clinic will abide by the terms of this notice. The clinic reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. If you feel your privacy rights have been violated, please mail your complaint to: **Arnold Physical Therapy, P.C.**, Attn: Mike Arnold, 251 Saddle Drive, Helena, MT 59601.
- This notice is effective as of the date of signature.

I hereby acknowledge that I have read and signed the Privacy Notice of Arnold Physical Therapy, P.C

Signature: _____ Date: _____

Please Print Name: _____