

AK FITNESS THERAPY CENTER

NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION PLEASE READ

USES AND DISCLOSURES TREATMENT: Your health information may be used by staff members or disclosed to other healthcare professionals for the purposes of evaluating your health and diagnosis medical conditions. Laboratory tests and procedures will be available in your medical record to all health professionals who may be consulted by staff members.

PAYMENT: Your health information may be used to see payment from your health plan, from other sources of coverage such as an automobile insurer, from credit card companies that you may use to pay for services provided and the medical condition being treated.

HEALTH CARE OPERATIONS: Your health care information may use as necessary to support the day to day activities and management of AK FITNESS THERAPY. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

LAW ENFORCEMENT: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards and they include:

The right to request restriction 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 request a copy of your protected health information.

The right to amend or submit corrections to your protected health information.

The right to receive an accounting of how and to whom our protected health information has been disclosed.

The right to receive a printed copy of notice.

AK FITNESS THERAPY'S DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices so that they conform to federal and state laws and regulations. Whatever the reasons 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. Request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting us.

IF YOU WOULD LIKE TO INQUIRE FURTHER ABOUT OUR PRIVACY PRACTICES OR SUBMIT A COMMENT YOU MAY DO SO AT THE FOLLOWING ADDRESS.

HIPAA PRIVACY PRACTICE
AK FITNESS THERAPY CENTER
2903 JUDSON ROAD
LONGVIEW, TX 75605

If you believe your privacy rights have been violated, please contact us at the above address.

PATIENT'S INITIALS

