

Cooperative Performance & Rehabilitation, LLC

Notice of Privacy Policies

The 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

NOTICE

We want to assure you that safeguarding information about you is important to us. We recognize that you expect privacy and security for the Protected Health Information (PHI) we collect from you. We fully understand the need to safeguard sensitive personal health information about you and maintain standards and procedures designed to prevent misuse of this information. We collect, retain and use information about you only to enable us to provide the highest quality healthcare and to facilitate billing. We do not allow access to this information by any other companies other than the situations listed below. It is our policy to treat your PHI as confidential. We may disclose information to third parties only in the following situations:

TREATMENT

Your medical history and other related medical information is seen and used by the licensed staff to facilitate provision of the highest quality care possible. We may discuss your medical situation with your physician and his/her staff, our office staff, and/or with relevant family members (with your permission).

PAYMENT

Your PHI may be used to facilitate payment of your physical therapy bill. We may share it with your insurance company, relevant claims adjusters, and/or medical case managers. We will share it with our billing office that is contracted with our practice. This contract ensures protection for your PHI and guarantees that it will be only used to facilitate billing and collection of your account. We promise to share only that information absolutely required to process your bill.

HEALTHCARE OPERATIONS

Your PHI may rarely be used in additional situations to process your claim and support provision of the highest quality treatment. An example would be if your treatment is covered under a lien contract, we may communicate with your attorney, but only if we have additional written authorization. Also your chart may be selected for quality review and thus may be sent to the reviewing organization. Other uses and disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

YOUR RIGHTS

*You may limit who has access to your information by notifying us in writing of any exclusions under this policy. (We are not required to provide physical therapy services to you, however if in our view, your limitations would restrict our ability to provide high quality care and/or limit our ability to bill and/or collect from your third party payor (s).

*You have the rights to view your medical record at any time and may receive a copy upon request.

*You have the right to know the names, addresses, and phone numbers of anyone to whom we give your PHI.

*You have the right to access and amend your medical records, request confidential communications, and obtain an accounting of disclosures that would have required an authorization.

INFORMATION PROTECTION

*We are required by law to maintain the privacy of PHI.

*We are required to provide you a copy of this Notice upon request

*We are required to abide by the Notice currently in effect. We reserve the right to change our privacy practices and the terms of this notice at any time. We are required to make the new practices and new Notice effective for all PHI we maintain.