

**ABC PHYSICAL THERAPY PC**  
**ABSOLUTE BEST CARE**

**HIPAA REGULATIONS**

**Privacy Practices**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

**Our Legal Duty**

The law requires us to: 1) Keep your medical information private. 2) Give you notice describing our legal duties and privacy practices. 3) Notify you of any changes in our privacy practices.

**Use and Disclosure**

Following are different ways that we are permitted to use and disclose medical information. We will not use or disclose any medical information not listed without specific written authorization from you.

**Treatment:** We may use medical information about you to provide you with medical treatment or other services related to your care. We may disclose medical information about you to doctors, nurses, technicians, or other people involved in your care. We may also share medical information about you to your other health care providers to assist them in treating you.

**Payment:** We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third party payer (i.e. Insurance company, attorney, consulting physician). We may also disclose information to your health plan about treatment or possible treatment to help determine if your health plan will pay for certain services.

If you have any question about any of our policies or your rights, please feel free to speak with your physical therapist or any of our staff.

*Your signature below indicates your understanding and compliance of the above privacy practices.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature