



Authorization to Disclose Protected Health Information

Patient Name: _____

Purpose or purposes of disclosure: In accordance with the regulations set forth in the Health Insurance and Portability Act, we are required to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. Specialized Physical Therapy is required by law to abide by the terms of this notice.

Description of information to be used or disclosed: We will use your medical information as part of rendering patient care. For example, your medical information may be used by the physical therapist treating you, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality of the care you receive.

Persons authorized to use or disclose information: All staff involved in either direct or indirect patient care, including physical therapists, office personnel, and aides.

Persons to whom information may be disclosed:

- Appointment reminders
 - We may contact you to provide appointment reminders.
- Treatment information
 - We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Disclosure to Department of Health and Human Services
 - We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.
- Facility directory
 - Unless you object, we will include your name in our directory of individuals.
- Family and Friends
 - Unless you object, we may disclose your medical information to family members, other relatives or close personal friends when the medical information is directly relevant to that person's involvement with your care.
- Notification
 - Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.
- Disaster Relief
 - We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.
- Health Oversight Activities
 - We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events, and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

- Abuse or Neglect
 - We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.
- Legal proceedings
 - We may disclose your medical information in the course of certain judicial or administrative proceedings.
- Law enforcement
 - We may disclose your medical information for law enforcement purposes or other specialized governmental functions.
- Coroners, Medical examiners, and funeral directors
 - We may disclose your medical information to a coroner, medical examiner or a funeral director.
- Organ donation
 - If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.
- Research
 - We may use or disclose your medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research or the research is on only decedent's information.
- Public safety
 - We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.
- Worker's compensation
 - We may disclose your medical information as authorized by laws relating to worker's compensation or similar programs.
- Business Associates
 - We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

Right to terminate or revoke authorization

This authorization may be revoked, or terminated, by submitting a written revocation to Paul G. Vidal, DPT, at Specialized Physical Therapy, L.L.C.

Potential for Redisclosure

Information disclosed pursuant to this authorization is subject to redisclosure by the recipient, and may no longer be protected.

Your Rights

You have the right to receive a copy of this authorization and to be told the purpose and to whom the protected health information is being disclosed.

Refusing Authorization

If you refuse to sign this authorization, you may not be denied appropriate treatment by this facility.

Signature: _____

Printed name of patient _____

Date: _____

Signature of patient or patient Representative _____

Date: _____