

**Notice of Privacy Practices for Oakland Physical Therapy, P.C.**

*(referred to in this document as "The Practice")*

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). This Notice describes how we may use and disclose your protected health information. Your protected health information means any of your written and oral health information that can be used to identify you. This notices provides a general overview of the privacy practices of Oakland Physical Therapy, P.C., a more detailed notice is available upon your request.

**I. Uses and Disclosures of Protected Health Information**

The Practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the Practice has obtained your authorization or the use or disclosure is otherwise permitted by the HIPPA Privacy Regulations or State law.

**II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow the Practice to use or disclose your protected health information without your permission or authorization for a number of reasons including:

- When legally required
- When there are risks to public health
- To report abuse, neglect, or domestic violence
- To conduct health oversight activities
- In connection with judicial and administrative proceedings
- For law enforcement purposes
- To coroners, funeral directors, and for organ donation
- For research purposes
- In the event of a serious threat to health or safety
- For specified government functions
- For worker's compensation

**III. Uses and Disclosures Permitted Without Authorization but With Opportunity to Object**

The Practice may disclose your protected health information to your family member if it is directly relevant to the person's involvement in your care or payment related to your care. All protected health information can be disclosed to a parent or legal guardian in the case of a minor.

**IV. Uses and Disclosures Which You Authorize**

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time.

Please list any additional persons you wish to authorize access to your protected health information:

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

## **V. Your Rights**

You have the following rights regarding your health information:

- The right to inspect and copy your protected health information
- The right to request a restriction on uses and disclosures of your protected health information
- The right to request to receive confidential communications from us by alternate means or at an alternate location
- The right to have the Practice amend your protected health information
- The right to receive an accounting
- The right to obtain a paper copy of this notice

## **VI. Our Duties**

The practice is required by law to maintain the privacy of your protected health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time.

## **VII. Complaints**

You have the right to express complaints to the Practice and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. We encourage you to express any concerns you may have regarding the privacy of your information.

## **VIII. Contact Person**

Information regarding matters covered by this Notice can be requested contacting the Privacy Officer. Complaints against the practice can be mailed to the Privacy Officer by sending it to:

Oakland Physical Therapy, P.C.  
26850 Providence Parkway  
Suite 365  
Novi, MI 48374  
ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at (248) 380-3550

This Notice is effective April 14, 2013

**Patient Name:**

  

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**Signature of Patient (Parent or Legal Guardian if Minor):**

**Date:** \_\_\_\_\_