



NOTICE OF PRIVACY PRACTICES

This notice describes how medical and personal information about you may be used or disclosed and how you can obtain access to this information. Please review this form carefully.

OUR LEGAL DUTY

Horizons Therapy, Inc., is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols below. This is required as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

USES AND DISCLOSURES OF HEALTH INFORMATION

Horizons Therapy, Inc., uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities and assessing the quality of care we are proud to provide. We use your personal information to contact you to arrange an appointment with us and to properly bill your insurance carrier for the services we provide you with. If necessary, without prior authorization, we may disclose your health information for public health purposes, auditing tracking, emergencies, research studies, or when otherwise required by law. Information may be shared by paper mail, electronic mail, fax or other methods. In all other situations Horizons Therapy, Inc., will obtain your written permission and authorization before disclosing your personal and health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to cease future disclosures at any time. Any changes made in our privacy and confidentiality policies will be posted in the waiting room for public view. You may request a copy of our Notice of Information Practices at any time by contacting our office.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. All requests must be in writing and will allow a reasonable amount of time to prepare. Normal photocopy fees will apply. You have the right to request that we correct inaccurate or incomplete information in your records. You also have the right to request a list of instances where we disclosed your personal health information for reasons other than for treatment, payment, or other related administrative purposes. You may request that we not use or disclose your personal health information for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. All requests must be in writing and Horizons Therapy, Inc., will consider all such requests on a case by case basis. The company is not legally required to accept the requests.

CONCERNS AND COMPLAINTS

If you are concerned that Horizons Therapy, Inc., may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our HIPAA Compliance Officer, Christine Wood, PT, DPT, LMT, at (540) 949-7706 or 201 Osage Lane Suite 3 Waynesboro, VA 22980. You may also send a written complaint to:

Secretary of the Department of Health and Human Services
200 Independent Avenue, S.W.
Washington, D.C. 20201

www.hhs.gov/ocr/privacy/hipaa/complaints/