

Notice of Privacy Practices

Effective Date April 14, 2003

We know that your medical and health information is private. We do our best to protect that information. The purpose of this notice is to explain how we protect that information and what rights you have regarding the information. You have the right to receive a Notice of Privacy Practices that details how everyone at Performance Physical Therapy protects your rights. By everyone, we mean therapists, assistants, students, volunteers, support staff, and anyone who might see your information or put information in your record.

We at Performance Physical Therapy can use and give out your information to anyone who has a role in taking care of you. This includes doctors, therapists, trainers, aides and assistants. We can also give out your information to Medicare or any other insurance company or individual who may be responsible for paying for your care and services you receive.

We may use your information to find ways to improve your care, to see how our employees are performing their jobs, and to see how we compare to other facilities. Some state or federal laws require us to report certain diseases, abuse and crimes and certain other things. We may share information to find programs or services that might help you get better or stay better.

You have the right to:

1. To considerate, respectful service with identification of your needs including safety and comfort.
2. To have your pain assessed and managed properly.
3. To be free from physical and mental abuse and/or neglect.
4. To have access to treatment or accommodations that are available and indicated regardless of race, creed, sex, national origin, age, disability, veteran status, source of payment, sexual orientation or any other factor that may form the basis for discrimination.
5. To be told of your rights as a patient at the earliest possible time in your service.
6. To confidentiality, regarding your medical care and all information related to that care, as supported by the following rights:
 - a. To refuse to talk with or see anyone not directly involved in your care.
 - b. To be interviewed and examined in surroundings designed to provide reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of physical examination, treatment or procedure performed by a health professional of the opposite sex.
7. To know the names of your treating therapists and the names and duties of other staff having direct contact with you.



8. To have information necessary for you to understand your condition and to be a part of planning your treatment.
9. To obtain information in your medical record, upon request, unless such information is specifically restricted by your physician.
10. To open disclosure should an unanticipated outcome occur including those potentially associated with an error in care.
11. To obtain an interpreter or other aides, where possible, if you do not understand the predominant language of the community or have a communication deficit.
12. To be told what the healthcare provider proposes to engage in or perform medical research/educational projects affecting your care or treatment. You have the right to refuse to be a part of such activity.
13. To refuse treatments or services. A healthcare provider shall tell you of the possible outcomes of your refusal.
14. To expect, upon discharge of service, information about your continuing health care needs and the means for taking care of them.
15. To receive and review an explanation of charges related to your care.
16. To share concerns about policies and services with a representative of the facility without restraint, interference or reprisal.

You are responsible:

1. For being considerate of other patients and Performance Physical Therapy staff by:
 - a. Treating staff with respect.
 - b. Respecting the property of others.
 - c. Treating health care and rehabilitation equipment with care and safety.
 - d. Assuring privacy of other patients when in the facility.
 - e. Reminding family/companions to maintain a quiet atmosphere, and follow all facility policies.
2. For providing accurate and complete demographic information as well as present and past illnesses, hospitalizations, medications, allergies and other matters related to your health.
3. For telling your health care provider about changes in your health, medications, insurance, financial status of service provider.
4. For following the treatment plan given by your health care provider. Let your health care provider know immediately if you do not understand or cannot follow the plan.
5. For your actions if you refuse treatment or do not follow the plan of the health care provider.

6. For seeing that your health care costs are paid as soon as possible.

7. For your valuables and personal belongings.

If you have any concerns or questions regarding this policy, please feel free to contact the facility management at 302-234-2288.

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