

Gaitway Therapy, LLC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Gaitway Therapy is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment – Gaitway Therapy will communicate with your referring and/or primary care physician to ensure that you receive safe, effective treatment. Your therapist will send your physician a written evaluation and periodic progress notes. He or she may talk with your physician either in person or via telephone or email. Your therapist may request copies of chart notes or radiography reports from your physician.
 - b. For payment – Gaitway Therapy bills your insurance carrier as a courtesy to you or as required by law. All insurance companies require identifying information (including your name, address, birth date and identification number) on claim forms. Additionally, some types of insurance and/or insurance companies require that copies of prescriptions, evaluations and/or daily chart notes accompany the claim form.
 - c. For health care operations – Gaitway Therapy may use your information in calculating the cost of providing care; in reviewing the performance of Gaitway staff; and in other business management activities.
2. Gaitway Therapy is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization.
3. Gaitway Therapy intends to engage in the following activities: Physical Therapy.
 - a. Gaitway Therapy may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
4. The Individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. Gaitway Therapy is not required to agree to a requested restriction.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
5. Gaitway Therapy is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
6. Gaitway Therapy is required to abide by the terms of the Notice currently in effect.
7. Gaitway Therapy reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
8. Gaitway Therapy will provide individuals or patients with a revised Notice by making copies of the revised Notice available through the office.
9. Individuals may complain to Gaitway Therapy and to the Secretary of the Department of Health and Human Services, without fear of retaliation by Gaitway Therapy, if they believe their privacy rights have been violated. Complaint forms are available from the Gaitway office. The complaint form should be filled out completely and returned to the clinic or directly to the contact listed below. An investigation will take place and the complainant will be notified in writing of the results.
10. Gaitway Therapy's contact person for matters relating to complaints is:
Renee Casady PT, 7403 CR 101, Belle Center Ohio 43310
11. This Notice is first in effect on April 14, 2003.

Gaitway Therapy, LLC

Consent for Release of Protected Health Information

I, _____, consent to the release of protected health information that is required to carry out treatment, payment and/or healthcare operations on my behalf.

I have read the Gaitway Therapy Notice of Privacy Practices and am aware of the following:

I have the right to place restrictions on the way my protected health information is used or disclosed.

I understand that Gaitway Therapy is not required to agree with my requested restrictions. I also understand that once Gaitway Therapy agrees to my restrictions, it must comply with those restrictions.

I have a right to revoke my consent for the use and disclosure of my protected health information at any time. I understand that, if I choose to revoke my consent, I must submit a written statement that is signed by me.

I understand that Gaitway Therapy must immediately comply with my request to revoke consent, except to the extent that it has already taken some action that was based on my original consent.

Gaitway Therapy has reserved the right to change from time to time our privacy practices that are described in the Notice of Privacy Practices. Whenever we change our practices, we will modify the Notice accordingly; and we will inform you by posting a copy of the revised Notice in the waiting area.

Individual: _____ Witness: _____
Printed Name *Printed Name*

Signature

Signature

Date

Date

I hereby acknowledge that I have received a copy of Gaitway Therapy's Notice of Privacy Practices.

Printed Name

Signature

Date