



Your Rights Regarding Your Protected Health Information (HIPPA)

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Recovery Waters Physical Therapy to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restrictions, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to restrict disclosure of your health information to a health plan if you choose to pay out-of-pocket in full for the services at the time they are provided.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Recovery Waters Physical Therapy may deny access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Recovery Waters Physical Therapy send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Recovery Waters Physical Therapy not send information to a particular address or location or contact you at specific locations, such as your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to be notified if your unsecured health information is breached.

You have the right to request that Recovery Waters Physical Therapy amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing and under certain circumstances, the request may be denied.

You have the right to request an accounting of the disclosures of your protected health information made by Recovery Waters Physical Therapy for the six years prior to the date of the request. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request to receive a paper copy of the notice, if you have previously received or agreed to receive the notice electronically.

Any person or patient may file a complaint with Recovery Waters Physical Therapy and/or the Secretary of Health and Human Services if they believe their rights have been violated. To file a complaint with Recovery Waters Physical Therapy, please contact the Privacy Office at the following: **Privacy Officer: c/o Recovery Water Physical Therapy, 9131 E Frontage Road, Suite 1, Palmer, AK 99645, 907-331-6992 (p).**

It is the policy of Recovery Waters Physical Therapy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspect or actual non-compliance or violation of the privacy standards.

Patient/Guardian Signature _____ Print Name _____ Date _____