

Madison Physical Therapy – HIPAA Privacy Form

NOTICE OF PRIVACY PRACTICES

Effective Date: 1/1/2025

At Madison Physical Therapy, LLC, we understand the importance of protecting the privacy and confidentiality of your health information. This Privacy Statement outlines how we collect, use and protect your personal health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws.

Our Commitment to your Privacy

We are committed to safeguarding your health information. Under HIPAA, we are required to provide you with a Notice of Privacy Practices, which explains how we may use and disclose your health information. This notice also describes your rights regarding your health information. You have the right to a paper copy of this document at any point, upon request.

How We Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

- **Treatment:** We may use or disclose your health information to provide you with physical therapy services, including communication with other healthcare providers involved in your care.
- **Payment:** We may use and disclose your health information to obtain payment for services provided to you. This may involve submitting information to insurance companies, healthcare payers, or billing agents.
- **Healthcare Operations:** We may use and disclose your health information for internal purposes, such as quality control, staff training, and administrative activities necessary for running our practice.
- **Appointment Reminders:** We may use your health information to contact you about upcoming appointments, schedule changes or other necessary reminders.
- **Treatment Alternatives and Health-Related Benefits:** We may contact you with information about alternative treatment options or health-related benefits that may be of interest to you.
- **As Required by Law:** We may disclose your health information when required by law or regulations, such as in response to a subpoena, court order or public health requirement.
- **Health and Safety:** We may disclose health information to prevent a serious threat to your health and safety or the safety of others.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

- **Right to Inspect and Copy:** You have the right to inspect and request a copy of your health information, with some exceptions.
- **Right to Amend:** You have the right to request an amendment to your health information if you believe it is incorrect or incomplete.

- **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures we have made of your health information.
- **Right to Request Restrictions:** You have the right to request that we limit the ways we use or disclose your health information. While we are not required to agree to these restrictions, we will consider your request carefully.
- **Right to Confidential Communication:** You have the right to request that we communicate with you in a certain way or at a certain location (e.g., via email or phone number different from the one you have on file).
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the U.S. Department of Health and Human Services (HHS). Complaints to HHS should be in writing and sent to: 200 Independence Avenue, S.W., Washington, D.C. 20206 or call 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

How We Protect Your Information

We use a variety of physical, administrative, and technical safeguards to protect your health information from unauthorized access, use, or disclosure. These include secure systems for storing and transmitting your data, restricted access to your records, and employee training on privacy and confidentiality. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your health information.

Changes to this Privacy Statement

We reserve the right to change this Privacy Statement at any time. If we make any significant changes, we will notify you and post the updated statement on our website. The updated Privacy Statement will be effective as of the date it is posted.

Contact Information

If you have any questions about this Privacy Statement or wish to exercise any of your rights, please contact us as:

Madison Physical Therapy, LLC
 1119 John Deere Circle, Ste. C
 Madison, SD 57042
 (605) 556-0175
office@mpt-sd.com
www.mpt-sd.com

I have read and received the Notice of Privacy Practices for Madison Physical Therapy, LLC.

Signed: _____ **Date:** _____
Patient, Parent or Guardian