



COLORADO PERFORMANCE PHYSICAL THERAPY

STATEMENT of PRIVACY NOTICE

Colorado Performance Physical Therapy, (we) may disclose your Protected Healthcare Information (PHI) to other healthcare professionals within the practice for the purpose of treatment, payment or healthcare operations.

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. We may disclose your health information as necessary to comply with State Worker's Compensation Laws.

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

We may disclose your health information in the course of any administrative or judicial proceeding.

We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

We may disclose your health information to coroners or medical examiners. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and or safety of a particular person or to the general public.

We may disclose your health information for military, national security, prisoner and government benefits purposes. In the event that we are sold or merged, your health information/record will become property of the new owner.

We may contact you by phone, mail, or email. We may leave a message on an automated answering device or with a person answering the phone for the purposes of scheduling appointments. No personal health information will be disclosed during the recording or message other than the date and time of your scheduled appointment along with a request to call the clinic if you need to cancel or reschedule your appointment.

You have the right to request restrictions on certain uses and disclosures of your health information. However, we are not required to agree to all restrictions requested.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information. You have a right to request that we amend your protected health information, but be advised we are not required to agree to amend your protected health information. If your request to amend is denied, you will be given an explanation of the denial reason and information on how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health information made by us. You have a right to a paper copy of this Statement of Privacy Notice at any time upon request. We reserve the right to amend this notice at any time in the future and will make new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this notice.

We are required by law to maintain the privacy of your health information and provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact us at 720-722-3434.

For complaints about privacy rights, contact 720-722-3434. We will make an appointment to discuss with you on the phone or in person within 2 business days. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Ave, S.W.
Room 509F HHH Building
Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in this notice. By way of my signature, I provide Colorado Performance Physical Therapy, Inc with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Notice. Please contact Jesse Roles, owner of Colorado Performance Physical Therapy, Inc at 720-722-3434 if you have any questions regarding policies with your PHI.