



LARSON REHABILITATION
SERVICES, PLC

Orthopaedic Physical Therapy and
Electrophysiologic Testing Specialists

NOTICE OF PRIVACY PRACTICES

OUR PLEDGE

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at Larson Rehabilitation Services. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of the medical information.

OUR LEGAL DUTIES

Law requires us to:

- A. Keep your medical records private
- B. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- C. Follow the terms of the items in this notice.

We have the right to:

- A. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by the law.
- B. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of the changes to privacy practices:

- A. Before we make an important change in our privacy practices we will change this notice and make the new notice available upon request.

USE & DISCLOSURE OF YOUR MEDICAL INFORMATION

This is how we use and disclose medical information. Note: We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you may provide may be revoked at any time by writing to us.

For treatment:

We may use medical information about you to provide you with physical therapy treatment or services. We may disclose medical information about you to doctors, nurses, technicians, physical therapy students, or other people who are involved in your care. We may also share medical information about you with other health care providers to assist them in treating you.

For payment:

We may use and disclose your medical information for payment purposes.

For health care operations:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating employees, conducting training programs, and getting the accreditation certificates, licenses, and credentials we need to serve you.

Additional Uses and Disclosures:

In addition, we may use the information for:

- i. Research in limited circumstances. Physical therapy information for research purposes when no anonymity is maintained.
- ii. Court orders, judicial and administrative proceedings. We may disclose your medical information to a court or administrative order subpoena or other lawful process.
- iii. Victims of abuse, neglect, or domestic violence. We will disclose information to appropriate authorities if we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- iv. Law enforcement. Under certain circumstances, we may disclose health information to law enforcement officials.
- v. Military Activity, Inmates, Work Compensation and disclosures to the Secretary of the US Department of Health and Human Services.
- vi. Human Services.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- A. Look at or obtain copies of your medical information. You must make your request in writing. There may be a fee for copying and for postage if you would like the copies mailed to you. Ask the receptionist for fee information.
- B. Receive a list of all the times we shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- C. Request that additional restrictions be placed on our use or disclosure of your medical information. At times we may not be able to agree to the requests, however, if we do, we will abide by our agreement (except for an emergency).
- D. Request that we change your medical information. We may deny the request if we did not create the information you want changed or for certain other reasons. If we deny your request we will provide you with a written explanation.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, please ask the receptionist or physical therapist for help.

If you have concern about your privacy rights, contact the person named above. You may also submit a written complaint to the US Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

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