

HIPAA Notice of Privacy Practices

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us, which we need to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Corpore Sano LLC, whether made by your physical therapists or any employee of Corpore Sano LLC. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect.

How we may use and disclose health information about you:

- For treatment
- For payment
- For health care operations
- As required by law
- To avert a serious threat to health and safety
- As required by the Military or Veterans and Workers Compensation
- Public health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and funeral directors
- National Security and Intelligence activities
- Protective Service for the President and others

Your rights regarding Health Information about you:

- Rights to inspect and copy
- Right to amend
- Right to accounting of disclosures
- Right to request restrictions
- Right to request confidential communications
- Right to a paper copy of this notice

Changes to this Notice:

We reserve the right to change this notice. We will retain a copy of the current notice in our facility.

Complaints:

If you believe that your privacy rights have been violated you may file a complaint with us. All complaints must be in writing. Please contact the administrator at the location or department you were treated to file a complaint.

Acknowledgement of Receipt of this Notice:

We will request that you sign a separate form acknowledging you have received a copy of this notice. The acknowledgement will become part of your records.

Acknowledgement of Receipt of Notice of Privacy Practices

**I acknowledge receipt of a copy of the notice of Privacy Practices of
Corpore Sano LLC:**

Patient or Personal Representative Signature

Date

OPTIONAL:

Please include the names of persons with whom we are allowed to discuss your
medical condition and/or billing information:

Name

Relationship

Name

Relationship

I authorize Corpore Sano to discuss my billing and/or medical condition with the above
named person(s):

Patient or Personal Representative Signature

Date