



## Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Craniosacral Concussion & Spine Physical Therapy (CCSPT) will keep your health information secure and private. HIPPA law requires us to give you this notice. Please review it carefully.

Ways in which your confidential information may be used or disclosed without your authorization:

- The law permits us to disclose information to those involved in your treatment.
- We may disclose your information for billing purposes, gaining insurance or benefit information, insurance authorization, and payment for services.
- Your health information may be used during normal healthcare operations.
- We may use your information to contact you for scheduling purposes or to inform you of benefit information. This may involve leaving messages on an answering machine or with someone who answers the phone. If you wish to restrict messages left, please make this known to your practitioner.
- We may release some or all of your information, when required by law.

Your authorization is required to disclose your health information to any other healthcare providers, individuals or third parties requesting information about you. This authorization may be revoked at any time.

You have the right to:

- Know of any uses or disclosures we make with your health information beyond the above disclosures.
- Transfer copies of your information to another practice, with a signed authorization.
- See and receive a copy of your health information. With a few exceptions. (Request needs to be in writing. We may charge a reasonable copy fee).
- Request that we amend or correct your confidential information. (Requests to amend health records must be in writing. If we agree to this amendment, we will not alter original documentation, but will add new information, with an explanation for amendment).

CCSPT will maintain the privacy of your confidential health information as required by law, and by the notice currently in effect. CCSPT reserves the right to make changes or revisions to the terms of this notice. If details are changed, we will notify you of the changes.

If you believe that your rights have been violated, you may contact the Department of Health and Human Services (200 Independence Ave., S.W., Room 509F, Washington D.C. 20201). You will not be penalized for filing a complaint. However, before filing a complaint, or for more information or assistance regarding the privacy of your health information, please contact our office, at 303-819-8839.

This notice is effective September 1, 2016

### **ACKNOWLEDGEMENT**

I have received and read a copy of the CCSPT Notice of Privacy Practices.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

If signing as a parent or guardian, please note the name of patient here: \_\_\_\_\_

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