

AGM PHYSICAL THERAPY, LLC - NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU MAY ACCESS THIS INFORMATION.

PLEASE REVIEW CAREFULLY - Read all sections before signing.

AGM Physical Therapy (AGM) is required by law to maintain the privacy of patients' personal health information and to provide patients with notice of AGM's legal duties and privacy practices with respect to your personal health information. AGM is required to abide by the terms of the Notice of Privacy Practices as necessary and make the new Notice effective for all personal health information maintained by AGM. You may receive a copy of any revised notices by mailing a request to Privacy Officer, AGM Physical Therapy 6000 Heisley Rd. Mentor, Ohio 44060.

USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION

Your Authorization: Except as outlined below, AGM will not disclose your personal health information for any purpose, unless you have signed a form authorizing the disclosure. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Uses and Disclosures for Treatment: AGM will make uses and disclosures for your personal health information as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in your care will use the information in your medical record and information that you provide about your symptoms and reactions to plan of course of treatment for you that may include procedures, medications, tests, etc. AGM may also release your personal health information to another health care facility or professional who is or who will be providing treatment to you. For instance, if you are going to receive home care or are being referred to a specialist for treatment. AGM may release your personal health information to that facility so that a plan of treatment can be prepared for you.

Uses and Disclosure of Payment: AGM will make uses and disclosures of your personal health information as necessary for payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, AGM may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you, or AGM may use your information to prepare a bill to send to you or the person responsible for your payment.

Family and Friends Involved in Your Care: AGM may, from time to time, disclose your personal health information to family, friends, and others involved in your care or in payment of your care. If you are unavailable, incapacitated, or facing an emergency medical situation and it is determined that a limited disclosure may be in your best interest, limited personal health information may be shared with such individuals without your approval.

Health Products and Services: AGM may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services offered by AGM and to provide general health and wellness information.

Operations: We may use information about you to coordinate our business activities, this may include setting up your appointments, reviewing your care, and training staff.

Information Disclosed Without Your Consent - Under state and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

As Required by Law: This would include situation where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Government Requirements We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.

PATIENT RIGHTS AND RESPONSIBILITIES: You have the following rights under state and federal law:

Copy of Record. You are entitled to inspect the personal health record we have generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have acknowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record. You may ask us not to use or disclose part of the personal health information. This request must be in writing. We are not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. Your request should be made in writing. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures. You may request a listing of any disclosures we have made related to your personal health information, including information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also includes information we were required to release. We will notify you of the cost involved in preparing this list.

Questions and Complaints. If you have any questions or wish a copy of this policy or have any complaints you may contact us in writing for further information.

Changes in Policy. AGM Physical Therapy reserves the right to change its Privacy Policy based on the needs of the practice and changes in state and federal law.

I acknowledge that I have read and understand this privacy notice.

Patient/Guardian Signature

AGM PHYSICAL THERAPY
6000 Heisley Rd, Mentor Ohio 44060 (440) 357-6677

Date