



7616 W. Thunderbird Rd., Ste 104  
Peoria, AZ 85381  
Tel: 623-776-7577  
Fax: 623-776-7597  
www.exclusivelyspine.com

### ***Notice of Privacy Practices***

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this document carefully.**

We are required to abide by the terms of the Notice of Privacy Practices. We reserve the right to change our Notice of Privacy Practices at any time and those changes will apply to any protected health information that we maintain at that time. We will provide you with a revised Notice of Privacy Practice upon request or upon your return for future treatment.

In this notice, "we", "our" or "us" means this FACILITY and our workforce of employees, contractors and volunteers. "you" and "your" refers to each of our patients who are entitled to a copy of this notice. We are required by federal and state law to protect the privacy of your health information. Protected Health Information (PHI) refers to health information that may specifically identify you.

#### ***Ways we may use or disclose your Protected Health Information***

We use or disclose your PHI for certain activities or health care operations. We will also disclose your PHI as required or permitted by the law.

*Treatment:* We use and disclose your PHI in the course of your treatment. For example, once we have completed your evaluations or re-evaluations we will send a copy of summary of our report to your referring physician.

*Payment:* We may disclose your PHI for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your PHI including treatments received, diagnosis, and social security number.

*Health Care Operations:* We may use your PHI to support business activities of this practice. For example employee review activities, quality assessment, compliance monitoring, training for therapy students and resolution of a complaint.

*Special Services:* We may also use or disclose your PHI for appointment reminders, follow up calls, advise of new services or supplies offered. We verbally may share some of your PHI with a family member or friend if they are involved in your care. We may use your PHI in an emergency if you are unable to express yourself.

#### ***Other required uses of PHI:***

1. When required by law.
2. For public health activities. For example reporting a communicable disease or reporting an adverse reaction to the FDA.
3. To report neglect, abuse or domestic violence.



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4. To the government regulators for purposes such as conducting audits and investigations.
5. To the appropriate military command authorities, If you are a member of the military.
6. To worker's compensation agencies for workers' compensation benefit determination.

### ***Your privacy rights***

1. You have the right to request in writing that we do not use or disclose your PHI in a particular way. We are not required to abide by all requests.
2. You have the right to confidential communication if requested in writing. You may request that we use a specific address or phone number or all communication as long as it does not interfere with your method of payment.
3. You have the right to inspect and copy your PHI when requested in writing. We must respond to your request within thirty days. We may charge a reasonable fee for copying and labor time related to copying and we may require an appointment for record inspection.
4. You have the right to make amendments to your PHI if requested in writing. We are not obligated to make all requested amendments. However, if we accept the amendment we must notify you and make efforts to notify others who may have the original record.
5. You have the right to revoke your authorization to disclose your PHI at any time in writing.
6. You have the right to an accounting of certain disclosures that we have made by us regarding your PHI. The request must be in writing.
7. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the Privacy Officer, Exclusively Spine Physical Therapy, LLC, 7616 W. Thunderbird Rd., Ste. 104, Peoria, AZ, 85381.
8. You have the right to complain if you feel your privacy rights have been violated. All complaints should be made in writing to the Privacy Officer, Exclusively Spine Physical Therapy, LLC, 7616 W. Thunderbird Rd., Ste. 104, Peoria, AZ, 85381. You may also submit a written complaint to the U.S. Department of Health and Human Services.

If you have any questions about this notice please contact the Privacy Officer listed below:

Melissa Hourihan, P.T., D.P.T.  
Exclusively Spine Physical Therapy, LLC  
7616 W. Thunderbird Rd., Ste 104  
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