



immeasurably more.

## Notice of Patient Privacy Information Practice

---

This notice describes how medical information about you may be used or disclosed by this Practice and how you can get access to information. Please review it carefully.

**LEGAL DUTY** - This practice is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described here.

**USES AND DISCLOSURES OF HEALTH INFORMATION** - This practice uses your health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities and evaluating the quality of care that we provide. We may also use or disclose your personal health information for public health purposes, audits, emergencies and when required by law.

In any other situation, our policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

We may change our policy at any time. When changes are made a new Notice of Information Practices will be posted in our office and you will receive a new written notice as well.

**PATIENT'S INDIVIDUAL RIGHTS** - You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. We will consider all such requests on a case by case basis, but the company is not legally required to accept them.

**CONCERNS AND COMPLAINTS** - If you are concerned that we may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact the Privacy Officer. You may also send a written complaint to the US Department of Health and Human Services.

### Notice of Privacy Practices

I, \_\_\_\_\_, have been issued a copy of Capable Therapy, LLC's Notice of Privacy Practices. If there are any questions regarding this notice, I understand that I may contact the privacy officer.

\_\_\_\_\_  
*Patient and Parent/Guardian's Printed Name if*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Patient is under 18*