



AVANT
PHYSICAL THERAPY

NOTICE TO PATIENTS

Avant Physical Therapy (APT) is required by law to protect the privacy of your health information. Please read this notice carefully and sign the bottom of the form to acknowledge you have received and reviewed the document.

The general consent for release of medical records authorizes **APT** to disclose information from your medical record for the following reasons:

- Your information may be shared with your referring physician
- If you are using medical insurance, your information may be shared with your insurer or other third-party payer responsible for all or part of the cost of your care.
- We may use information about you to remind you of your appointment should you request appointment reminders.

You may be asked to sign a release of medical records, which authorizes **APT** to make a disclosure not covered in the section above. The specific information, the entity to whom it will be disclosed, and the purpose for which it will be used will be documented for your review before signing.

You may revoke any consent or authorization by giving a written notice of revocation.

We may be required by law to disclose records you have not authorized. For example, for a subpoena or, for example, to protect public health. We will keep all disclosures of your medical records to the necessary minimum.

Your rights regarding your health information includes the following:

- The right to inspect and copy your health information
- The right to request an amendment to your medical records if you feel the records are inaccurate. The request must be made in writing and include the reason that supports your request. You may request this written documentation be placed in your medical records.
- The right to find out how your health information is used and to whom it is disclosed. You may request an accounting of your medical record disclosures made by us except for disclosures made for treatment, payment and health care operations.
- The right to receive a paper copy of this notice.

If you believe your rights have been violated, please talk to us about your concerns. You may also file a complaint to the Secretary of the U.S. Department of Health and Human Services. We will not retaliate in any way against a patient for making a complaint.

We reserve the right to change our privacy practices and to make new policies effective for all protected health information we maintain. If we should do so we will issue an updated "Notice to Patients."

Signature

Date