

Notice of Privacy Practices

We are required to provide you with this Notice of Privacy Practices under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This is also available at: www.alignPTannapolis.com. Align Physical Therapy & Wellness, LLC (Align) will not use or further disclose information that is protected by HIPAA (PHI) except as listed in this Notice. Under HIPAA, you have certain rights with respect to your PHI, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with Align or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Align reserves the right to revise or amend this Notice. Any revision will be effective for all of your records that Align has created or maintained in the past and in the future. Align will have a copy of the current Notice available to you at any time, upon request.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PHI MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Align is required to keep your PHI private. Align is also required to give you this Notice about privacy practices, legal duties, and rights concerning your PHI. Align must follow the privacy practices described herein. Align may use your PHI in many ways. Some of these are listed herein.

How Your Health Information May be Used or Disclosed:

1. **Treatment.** Align may use your PHI to provide you with medical treatment or services. This information is necessary to determine what treatment you should receive. We may also record actions taken in the course of your treatment and note how you will respond to the actions.
2. **Payment.** Align may use and disclose your PHI in order to bill and collect payment for the services and items you receive. The information on the bill may contain information that identifies you, your diagnosis, and treatment of supplies used in the course of treatment.
3. **Health Care Operations.** Align may use and disclose PHI about you for operational procedures. For example, your PHI may be disclosed to evaluate the performance of staff, assess the quality of care and outcomes in your case and in similar cases or learn how to improve facilities and services.
4. **Appointments.** Align may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest.
5. **Sign In Sheet.** Align may use and disclose PHI by having you sign in when you arrive at the office. We may also call out your name when we are ready to see you.
6. **Treatment Options.** Align may use and disclose PHI to inform you of treatment options or alternatives.
7. **Health-Related Benefits and Services.** Align may use and disclose PHI to inform you of possible health-related benefits.
8. **Release of PHI to Family.** Align may disclose PHI directly to

your responsible party(ies) who are directly relevant to the involvement with your care, PHI related payment of your care and for notification purposes. Align may release PHI to others that you identify.

9. **Required by Law.** Align will use and disclose PHI as required by federal, state or local law. If you are involved in a lawsuit or dispute, Align may disclose PHI in response to a court or administrative order.

10. **Breach Notification.** Align will notify you, as required by law, in the event of a breach of your unsecured PHI.

Your Health Information Rights:

You have the following rights with regard to your PHI:

- Request restrictions on certain uses and disclosures of your PHI; however, Align is not required to agree to a requested restriction;
- Obtain a paper copy of this Notice upon request; - Inspect and obtain a copy of your PHI;
- Amend or submit corrections to your PHI;
- Request communications of your PHI in a specific manner; - Receive an accounting of how and to whom your PHI is disclosed;
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken; and - File a written complaint if your privacy rights are violated.

Authorization: Align will obtain written authorization to use your PHI or to disclose it to anyone for any purpose that is not identified by this Notice or permitted by applicable law. If you give Align an authorization, you may revoke it in writing at any time unless Align has taken action relying on the authorization.

A valid authorization to use or disclose your PHI must contain: - description of the information to be disclosed; - identification of person(s) authorized to use or disclose your PHI and to whom your PHI may be disclosed; - purpose of the requested disclosure; - expiration date or event that terminates the authorization; - signatures by individuals whose PHI will be disclosed; and - statements regarding your right to revoke the authorization and Align's inability to condition treatment, payment, eligibility or enrollment for benefits on authorization and potential for redisclosure. You will receive a signed copy of the authorization if an authorization was requested by another individual or entity.

Complaints:

If you believe your privacy rights have been violated, you may send a complaint to our Privacy Officer or the Secretary of the United States Department of Health and Human Resources in Washington, D.C. We will not penalize you for filing a complaint. Visit www.hhs.gov/ocr/hipaa for more information.

Contact Information: You may contact our Privacy Officer via mail at 21 Pocono Drive, Arnold, Maryland 21012, via telephone at 302-448-0115 and via email at kcooper@alignptannapolis.com

I acknowledge that Align Physical Therapy & Wellness, LLC has provided me with this Notice of Privacy Practices.

Sign: _____
Print Name: _____ Date: _____