



BIG SKY

Physical Therapy

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS REQUIRED BY LAW AND DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PROTECTED HEALTH INFORMATION AS DEFINED UNDER THE HIPAA PRIVACY RULE REFERS TO INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WHICH CAN BE LINKED TO A PARTICULAR PERSON.

Uses and Disclosures of Health Information

Big Sky Physical Therapy, PLLC (BSPT) uses health information about you for treatment, to obtain payment, for healthcare operations and to evaluate the quality of care that you receive. BSPT may use or disclose health information about you without your authorization for other purposes such as auditing and research studies when research has been approved by an institutional review board. As required by law, BSPT may disclose your health information to public health or legal authorities charged with prevention or controlling disease, injury or disability.

Your Health Information Rights

1. You have the right to inspect and obtain a copy of your health record with a signed authorization as provided in 45 CFR 164.524
2. You have the right to request in writing that BSPT restrict and/or not use or disclose your protected health information as provided in 45 CFR 164.522 but BSPT does not have to agree to accept your restrictions.
3. You have the right to request in writing that your physician amend your protected health information as provided in 45 CFR 164.526
4. You have the right to request in writing to receive confidential communications from BSPT by alternative means or at an alternative location provided in 45 CFR 164.522
5. You have the right to obtain a list of instances where BSPT has disclosed your protected health information for purposes other than treatment, payment or health care operations provided in 45 CFR 164.528
6. You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken as provided in 45 CFR 164.508

BSPT responsibilities

1. BSPT is required by law to maintain the privacy of your health information.
2. BSPT is required by law to provide you with this notice about our privacy practices.
3. BSPT is required by law to follow the privacy practices that are described in this notice, however BSPT reserves the right to change or modify its practices and to make new provisions effective for all protected health information it maintains. Should BSPT's information practices change, BSPT will post the revised privacy notice.

Questions or Complaints

If you have questions or concerns that BSPT has violated your privacy rights, you may contact a staff member of Big Sky Physical Therapy PLLC in person or by calling 406-541-9500. You may also file a complaint with the U.S. Secretary of Health and Human Services. There will be no retaliation against you for filing a complaint.

Consent

I consent to the use or disclosure of my protected health information by Big Sky Physical Therapy, PLLC for the purpose of diagnosis, treatment, to obtain payment or to conduct healthcare operations of Big Sky Physical Therapy, PLLC.

Signature of Patient or Patient Representative

Date

Printed Name of Patient or Patient Representative

Relationship to Patient