

PRIVACY NOTICE

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals within the Portage Physical Therapists, Inc./Allied Health Rehab Centers Network for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of Portage Physical Therapists, Inc./Allied Health Rehab Centers Network receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by Portage Physical Therapists, Inc./Allied Health Rehab Centers Network to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You have the right to restrict the use of your confidential healthcare information. However, Portage Physical Therapists, Inc./Allied Health Rehab Centers Network may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy and/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.

- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Portage Physical Therapists, Inc./Allied Health Rehab Centers Network is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- Portage Physical Therapists, Inc./Allied Health Rehab Centers Network will abide by the terms of this notice. Portage Physical Therapists, Inc./Allied Health Rehab Centers Network reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to Portage Physical Therapists, Inc./Allied Health Rehab Centers Network if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to Portage Physical Therapists, Inc./Allied Health Rehab Services Network:

ATTN: Darbie Ferrara-Mathys
 Portage Physical Therapists, Inc./Allied Health Rehab Centers
 771 N. Freedom St
 Ravenna, Ohio 44266

- All complaints will be investigated. No personal issue will be raised for filing a complaint with Portage Physical Therapists, Inc./Allied Health Rehab Centers.
- For further information about this Privacy Notice, please contact:
 - Darbie Ferrara-Mathys
 - 330-297-9020
- This notice is effective as of April 15, 2003.

Print Patient Name: _____

Patient/Guardian/Parent Signature: _____

Date: _____ Relationship: _____