

Monique Krebsbach Physical Therapy, Inc

309 SW Higgins Ave., Missoula, MT 59803

(406)829-0728

NOTICE OF PRIVACY PRACTICES

This notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient, and our common practices in dealing with patient health information.

Uses and Disclosures of Health Information:

We will use and disclose your health information in order to treat you or to assist other healthcare providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other healthcare providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your Authorization:

Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring your Authorization:

In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your healthcare
- For certain limited research purposes
- For purpose of health and safety
- To government agencies for purpose of their audits, investigations, and oversight activities
- To government authorities to prevent child abuse and domestic violence
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas, and as otherwise required by law

Patient Rights:

As our patient, you have the following rights:

- To have access to and/or copies of your health information
- To receive an account of certain disclosures we have made of your health information
- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence
- To request that we amend your health information
- To receive notice of our privacy practices

Please contact us with any questions, concerns or complaints regarding our privacy practices.

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so choose) and understand the Notice.

Patient Name (Please Print)

Parent or Authorized Representative (if applicable)

Signature

Date