



MCH Physical Therapy Clinic
1 Treasure Hill Road
Little Rock, AR 72205
Phone: (501) 223-8996
Fax: (501) 223-8998

NOTICE OF PRIVACY PRACTICES / INFORMATION POLICIES/HIPPA

This notice describes how your health information may be used and disclosed and how you can access this information. MCH Physical Therapy Clinic will always keep your health information secure and private.

Ways in which your confidential information may be used or disclosed without your authorization:

- The law permits us to disclose information to those involved in your treatment.
- We may disclose your information for billing purposes, gaining insurance or benefits information, insurance authorization and payment for services.
- Your healthcare information may be used during normal healthcare operations.
- We may use your information to contact you, to call to remind you of your appointments, for scheduling purposes or to inform you of insurance benefits. This may involve leaving messages on an answering machine or with the person who answers the phone.
- We may release some or all of your information when required by law.
- Your authorization is required to disclose your health information to other healthcare providers, individuals or third parties requesting information about you.

You have the right to:

- Know of any uses or disclosures we make with your health information beyond the above normal uses.
- Transfer copies of your information to another practice.
- See and receive a copy of your health information, with a few exceptions. Request must be in writing.(We may charge a reasonable copy fee.)
- Request that we amend your confidential information. Request must be in writing. (If we agree with the request, we will not alter the earlier document, but will add an addendum.)

MCH Physical Therapy Clinic will maintain the privacy of your confidential information as required by law and by the notice currently in effect.

If you feel that your rights have been violated, you may contact:

Department of Health and Human Services
200 Independence Avenue SW, Room 509F
Washington, DC 20201

You will not be penalized for filing a complaint. However, before filing a complaint or for assistance regarding the privacy of your health information, please contact MCH Physical Therapy Clinic at (501) 223-8996.

Patient's Signature: _____ Date: _____

I authorize the release of my medical records: YES _____

We may leave a message on your answering machine or with any individual that may answer your telephone: YES _____ NO _____

Please name an individual or individuals with whom we may speak concerning your treatment in the event it should be necessary: _____