



Balanced Body Physical Therapy

Privacy Notice

This notice describes how your medical information may be used and disclosed as well as how you can have access to this information. Please review it carefully.

How We Use Your Health Information-

Balanced Body Physical Therapy will use your health information for normal business operations including:

Treatment-

Use of PHI to provide, coordinate or manage your health care and any related services. We keep records of the care that is provided. We will also be in contact with your referring medical provider (if you have one) to assist you in your treatment here at Balanced Body Physical Therapy.

Healthcare Operations-

We may use or disclose your PHI to improve the quality of care that you receive here at Balanced Body Physical Therapy with staff in training or physical therapy students. We may also use your information to remind you of upcoming appointments as well as other health care services.

Payment-

Your information will be used, as needed, to obtain payment from you for services that we provide, your health insurance company or third party. Your healthcare plan may require your information relevant to specific treatment or procedures for the purposes of authorizing your visits or to process claims. Your information will be used to verify your coverage and obtain preauthorization or reauthorization for services.

Our Privacy Responsibilities-

We will maintain the privacy of your health records

Provide this notice that describes the ways we may use and share your health information

Follow the terms of this notice

Your Rights-

Request restrictions on how we use or share your health information

You have the right to opt out of any internal marketing activities

You have the right to request confidential communications from us by alternative means

Request corrections or additions to your health information

Contact Us-

If you are concerned about your privacy rights, please contact the privacy coordinator at 801-293-8888

Signature _____

Date _____

Witness _____

Date _____