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## Privacy Policy/HIPAA Privacy Authorization Form

At drivePT, we abide by all healthcare regulations governing standard practice regarding your personal and health related information. Protected Health information includes any identifiable information related to you and your care, required by the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164). We will not release your protected health information or discuss your case without expressed written permission. If there is anyone you wish to be allowed to discuss your care, please note names below. Please note that you are free to change your mind at any time in writing. (Examples: family members, coaches, doctors, insurance company, etc...)

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You have the right to request any/all of your medical records from drivePT. We will supply you with your records. A small administrative fee may apply based on the type and volume of request.

I \_\_\_\_\_ (print name)  
acknowledge that I have received a copy of drivePT's Notices of Privacy Practices. This notice provides information about how we may use and disclose the medical information that we maintain about you. It also explains how you can access this information. By signing, you acknowledge that you have reviewed this notice and understand your rights.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Permitted Uses and Disclosures**

drivePT may disclose your medical record for:

1. Coordination of treatment with other health care providers, or in emergency situations with serious threats to health or safety.
2. Payment of services rendered (3rd party, Auto, or Worker's compensation)
3. Healthcare operations: We may use your healthcare records to check the quality of healthcare you receive and in audits, fraud, and abuse programs/planning/management.
4. For legal purposes as compelled according to local, state, and federal regulations.
5. Family or friends involved in your direct care permitted by you.
6. For Public Health Authorities to control or prevent disease, injury, disability, deaths, abuse, or neglect.
7. We may use and disclose your PHI for research purposes, but we will only disclose PHI if approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI.

### **Patient Rights**

1. Request restrictions on the use of your medical information for any of the services listed above, however drivePT is not required by law to accept your request.
2. Request confidential communication of your protected health information.
3. Request copies of your medical information to be delivered to other locations. You may be responsible for any expenses incurred for these alternative services (i.e. copying and mailing records)
4. Request to view your medical records.
5. Request an addition or amendment be made to your medical information, subject to certain restrictions.
6. Request a paper copy of the Notice of Privacy Practices.

### **Changes to Privacy Practices**

We have the right to make revisions to this notice and to our privacy practices at any time. Revisions will apply to all PHI that we currently have, and any PHI that we obtain or generate in the future. Revisions will be posted with this notice in our clinic and on our website.