ActiveFit rehab Physical Therapy

**NOTICE OF PRIVACY PRACTICES**

**Your Rights**

* Get a copy of this privacy notice anytime.
* Choose someone medical power of attorney or your legal guardian (we will make sure the person has this authority and can act for you before we take action), to act for you.
* You have the right to get a copy of your paper or electronic medical record, we may provide a copy or a summary of your health information, usually within 30 to 60 days of your request. We may charge a reasonable, cost-based fee.
* Correct your paper or electronic medical recode, but we may say “no” to your request, but we will tell you why in writing within 60 days.
* Request confidential communications.
* Ask us to limit what we use or share certain health information for payment, treatment or our operations. But we not required to agree to your request, and may say “no” if it would affect your care. If you pay for a service or health care item out-of- pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
* Get a list of those with whom we have shared information for six years prior to the date you ask, we will include all the disclosures except for those about treatment, payment, and health care operation, and certain other disclosers. We will charge a reasonable, cost-based fee if ask for another one within 12 months after the first.
* File a complaint if you feel your rights are violated, we will not retaliate against you for filing a complaint, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 independence Avenue, S.W., Washington, D.C. 20201, phone 1-877-696-6775, or web site [**www.hhs.gov/ocr/privacy/hippa/complaints/**](http://www.hhs.gov/ocr/privacy/hippa/complaints/).

**Your Choices**

* To tell family member, friends about your condition.
* To provide mental health care.
* Market our services and sell your information
* To raise funds
* Provide disaster relief

**Our uses and discloser**

* We may share or use your information as we treat you, bill for your services, comply with law, run our organization, help with public health and safety issues, do research, response to lawsuits and legal actions, address workers’ compensation, law enforcement, and other government requests.