

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.

1) Uses and Disclosures We will use your protected health information (PHI) for the purposes of treatment, payment and health care operations.

Treatment includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians and other physical therapists.

Payment includes the disclosure of health information to your insurance company, including Medicare and Medicaid, so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.

Health Care Operations includes the utilization of your records to monitor the quality of care being given at our facility or for business planning activities.

Other Special Uses

Our practice may use your PHI to send you an appointment reminder, or newsletter, to inform you of our other health-related products and services.

Uses and Disclosures Required by Law

The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if we are provided with very specific assurances that your privacy will be protected. We may also disclose your PHI when we are required to do so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions.

We may use and disclose health information about you to avert a serious threat to your health or safety or the health or safety of the public or others. If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities. We may also release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness.

Your authorization is required before your PHI may be used or disclosed by us for other purposes.

2) Your Privacy Rights

Restrictions

You have the right to request restrictions on how your PHI is used, however, we are not required to agree with your request. If we do agree, we must abide by your request.

Confidential Communications

You have the right to request confidential communication from us at a location of your choosing. This request must be in writing.

Access to PHI

You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing.

Amendments

You have the right to request an amendment be made to your PHI, if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree that will become part of your record. We may not amend parts of your medical record that we did not create.

Accounting of Disclosures

You have the right to request an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, payment, or health care operations or for which we have obtained authorization.

Complaints

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services.

Our Duty to Protect Your Privacy

We are required to comply with the federal health information privacy regulations by maintaining the privacy of your PHI. These rules require us to provide you with this document, our Notice of Privacy Practices. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us.

Privacy Contact

If you would like more information about our privacy practices or to file a complaint you may contact:

Name: Jasmine Krishnan

Title: Privacy Officer

Address: 2525 Telegraph Rd. Suite 314, Bloomfield Hills, MI 48302

Phone: (248) 499-6441

Effective Date:

This Notice will take effect on April 14, 2003

PATIENT RESPONSIBILITIES

Please remember that your insurance policy is a contract between you and your insurance company, not between the insurance company and your health care provider. **It is your responsibility to know your individual insurance policy. Failing to do so may result in you, the patient, being responsible for all costs incurred.**

You are responsible for ensuring that we have a referral and/or authorization for your care and for any procedures that may be required by your insurance company. You are also responsible for any co-pays that your insurance company requires at the time of your visit. If we do not have the appropriate referral/authorization at the time of your visit, you will accept full responsibility for all costs.

Responsibilities include:

- Verify your insurance coverage for physical therapy services
- Verify your durable medical equipment, (DME) i.e., crutches, braces, slings, etc, coverage. You may need all DME's pre-approved/pre-authorized or you will be responsible for the charges.
- If required, verify referrals/authorizations are completed for any therapy services.

Ascent Physical Therapy Specialists Inc. will bill all services rendered. These charges will be submitted to your insurance company unless you do not have the appropriate referral/authorization at the time of your visit. In that case, you are responsible for payment of charges at the end of your visit.

Scheduling

Your first appointment will last approximately 45 minutes and at the completion of your visit, you and your therapist will establish a treatment plan addressing your therapy goals. Subsequent treatment sessions will be scheduled for you at the end of your first sessions so please have your calendar or date book available for scheduling.

Cancellation Policy

We do follow a cancellation/no show policy that states if you miss two appointments with or without prior notification, we may discontinue your therapy services. We reserve the right to charge you \$25 for any appointment canceled without 24 hour notice. So remember, communication is key to ensuring that we are able to reserve the appointment times that you desire.

Attendance

We make every effort to start your treatment sessions on time and we ask that you also arrive on time for all scheduled appointments. This may mean you need to arrive 5-10 minutes early so you can complete check-in without delaying the start of your treatment. Out of respect to those patients who are on time for their appointments, Ascent Physical Therapy Specialists Inc. may reserve the right to reschedule or modify your sessions if you are more than 10 minutes late for your appointment.

PATIENT RESPONSIBILITIES

Please remember that your insurance policy is a contract between you and your insurance company, not between the insurance company and your health care provider. **It is your responsibility to know your individual insurance policy. Failing to do so may result in you, the patient, being responsible for all costs incurred.**

You are responsible for ensuring that we have a referral and/or authorization for your care and for any procedures that may be required by your insurance company. You are also responsible for any co-pays that your insurance company requires at the time of your visit. If we do not have the appropriate referral/authorization at the time of your visit, you will accept full responsibility for all costs.

Responsibilities include:

- Verify your insurance coverage for physical therapy services
- Verify your durable medical equipment, (DME) i.e., crutches, braces, slings, etc, coverage. You may need all DME's pre-approved/pre-authorized or you will be responsible for the charges.
- If required, verify referrals/authorizations are completed for any therapy services.

Ascent Physical Therapy Specialists Inc. will bill all services rendered. These charges will be submitted to your insurance company unless you do not have the appropriate referral/authorization at the time of your visit. In that case, you are responsible for payment of charges at the end of your visit.

Scheduling

Your first appointment will last approximately 45 minutes and at the completion of your visit, you and your therapist will establish a treatment plan addressing your therapy goals. Subsequent treatment sessions will be scheduled for you at the end of your first sessions so please have your calendar or date book available for scheduling.

Cancellation Policy

We do follow a cancellation/no show policy that states if you miss two appointments with or without prior notification, we may discontinue your therapy services. We reserve the right to charge you \$25 for any appointment canceled without 24 hour notice. So remember, communication is key to ensuring that we are able to reserve the appointment times that you desire.

Attendance

We make every effort to start your treatment sessions on time and we ask that you also arrive on time for all scheduled appointments. This may mean you need to arrive 5-10 minutes early so you can complete check-in without delaying the start of your treatment. Out of respect to those patients who are on time for their appointments, Ascent Physical Therapy Specialists Inc. may reserve the right to reschedule or modify your sessions if you are more than 10 minutes late for your appointment.