



NOTICE OF PRIVACY PRACTICES

Effective: February 1, 2017

HIPAA Privacy Policy – Consent For Purposes of Treatment, Payment and Health Care Operations

In compliance with a newly enacted Federal Law, The Health Insurance Portability and Accountability Act (HIPAA), **GO PT PLLC (“GO PT”)** is informing you of your privacy rights. Please carefully review the information below.

What is HIPAA? HIPAA is a law passed by Congress in 1996 to improve the efficiency and effectiveness of the healthcare system. It requires health care professionals to adhere to privacy and security standards in order to protect their patient’s Personal Health Information (PHI). PHI is confidential information about a patient, including demographic information.

What does HIPAA require of GO PT? GO PT must maintain the privacy of PHI, abide by the terms of this notice and provide patients with a revised notice, if necessary.

How will GO PT Use and Disclose PHI under HIPAA? HIPAA allows us to use and disclose your PHI for the purposes of treatment, collecting payment and general Healthcare Operations. We will not use your PHI for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization, including uses for marketing or sales activity. We will specifically use and disclose your PHI to communicate with your physician and to, upon request, assist your insurance company with the processing of your claims. Your authorization is not required for Use and Disclosure of PHI for the purposes of Treatment, Payment and Healthcare Operations.

What are my rights under HIPAA? Under HIPAA you have a right to request the following as long as a request is made in writing and applicable fees are paid. There is a possibility that your request may be denied. If your request is denied we will explain why it was denied in writing.

- You have a right to inspect and obtain a copy of your PHI.
- You have the right to know what disclosure(s) of your PHI have been made.
- You have a right to request confidential communications of PHI. We will honor all reasonable requests to keep communications confidential.
- You have a right to request an amendment of medical information held by GO PT that you feel is incorrect or incomplete.
- You have a Right to Receive Notice of a Breach of PHI.

By Signing Below, I consent to the use or disclosure of my protected Health Information by Go PT for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of GO PT.

- I understand that my diagnosis or treatment by GO PT may be conditioned upon my consent as evidenced by my signature on this document.
- I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, collect payment or for the health care operations of the practice. GO PT is not required to agree to the restrictions that I may request. However, if GO PT agrees to a restriction that I request, the restriction is binding on GO PT.
- I have the right to revoke this consent, in writing, at any time, except to the extent that GO PT has taken action in reliance on this consent.
- I understand that I have a right to review GO PT's notice of privacy practices prior to signing this document which has been provided to me.
- I understand that GO PT reserves the right to change the privacy practices that are described in the Notice of Privacy Practices and that I may obtain a revised notice by accessing GO PT's website, calling the office and requesting a revised copy by send in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority