

## SUMMARY OF OUR PRIVACY PRACTICES

Effective Date: April 1, 2003

### THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Please review the full Notice of Privacy Practices (NPP) which is/was provided on your first visit. If you need another copy or have any questions about this notice, please contact Angela Wilson Pennisi, Owner/Director at (773) 665-9950.

This notice describes the privacy practices of Lakeshore Sports Physical Therapy. The therapists and employees of Lakeshore Sports Physical Therapy may share health information with each other for treatment, payment or health care operations purposes as described in this notice.

#### Our Pledge to Protect Your Health Information

We understand that health information about you and your health care is personal, and we are committed to protecting your health information. We create a record of the care and services you receive from us, which we need to provide quality care and comply with certain legal requirements. This privacy notice applies to all the records of your care generated by Lakeshore Sports Physical Therapy, whether made by your physical therapist or others working in this office. This notice describes the ways in which we may use and disclose your health information. This notice also describes your rights to your health information and certain obligations we have regarding its use and disclosure.

*We are required by law to:*

- ✓ **Make sure the health information that identifies you is kept private**
- ✓ **Give you this notice of our legal duties and privacy practices with respect to your health information**
- ✓ **Follow the terms of the notice currently in effect**

#### How We May Use and Disclose Your Health information

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- ✓ ***Appointment Reminders***
- ✓ ***Health-Related Services and Treatment Alternatives***
- ✓ ***To Allow Oversight of the Quality of the Healthcare We Provide***
- ✓ ***To Allow Workers' Compensation Claims***
- ✓ ***As Required by Subpoena in Lawsuits and Disputes***
- ✓ ***Various Uses as Required by Law or to Avert a Serious Threat to Health or Safety***

The full details for all these uses are contained in the full NPP.

#### Your Rights Regarding Your Health Information

You have the following rights regarding health information we maintain about you:

- ✓ ***Right to Inspect and Copy***
- ✓ ***Right to Amend***
- ✓ ***Right to an Accounting of Disclosures***
- ✓ ***Right to Request Restrictions***
- ✓ ***Right to Request Confidential Communications***
- ✓ ***Right to a Paper Copy of This Notice***

Information on how to exercise these rights can be seen on the NPP or can be obtained from Angela Wilson Pennisi, Owner/Director at (773) 665-9950.

#### Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you, as well as any information we may receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

#### Complaints

If you believe your privacy has been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Angela Wilson Pennisi, Owner/Director. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

#### Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons

covered by your written authorization. Understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.