



**Volk Physical Therapy**  
236-A LePhillip Court  
Concord, NC 28025  
Phone: 704-707-4282  
Fax: 704-795-4389

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## **NOTICE OF PATIENT INFORMATION PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **VOLK PHYSICAL THERAPY'S LEGAL DUTY**

Volk Physical Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

Volk Physical Therapy uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Volk Physical Therapy may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Volk Physical Therapy may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Volk Physical Therapy's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Volk Physical Therapy may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

### **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Volk Physical Therapy will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

### **CONCERNS AND COMPLAINTS**

If you are concerned that Volk Physical Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Volk Physical Therapy's health information practices or if you have a complaint, please contact the following person:

**Volk Physical Therapy**  
*Sarah Lloyd, Office Administrator*  
236 Le Phillip Ct., Suite A., Concord, NC 28025  
**Telephone: 704-707-4282 Fax: 704-795-4389**

**PATIENT INFORMATION ACKNOWLEDGEMENT**

I have read and fully understand Volk Physical Therapy’s Notice of Information Practices. I understand that Volk Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that ABC PT/OT will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby acknowledge to the use and disclosure of my personal health information for purposes as noted in Volk Physical Therapy’s Notice of Information practices. I understand that I retain the right to revoke this acknowledgement by notifying the practice in writing at any time.

Patient Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

Volk Physical Therapy may offer the opportunity to provide consent for the use of my protected health information for targeted marketing, fund raising, and/or solicitation of participation in research studies. I understand I will have the right to copy or inspect any information used for these purposes. I also understand that an authorization for this purpose does not affect my consent to use my protected health information for treatment, billing, or operations related to treatment and billing.

Patient Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

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