



BLUE VALLEY PHYSICAL THERAPY  
& SPORTS MEDICINE, P.A.

## SUMMARY NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations and created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE READ IT CAREFULLY.**

### OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information also known as your “Protected health information” or ‘PHI’. In conduction of our business, we will create records about you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in regard to your PHI
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will keep a copy of our current Notice in our office and you may request a copy of our most current Notice at any time by contacting our receptionist.

PHI is information about you and we are required by law , in most instances, to have your written consent before we use or disclose to others your medical information for the purpose of providing or arranging for your health care, the payment for or reimbursement of the care that e provide to you, and the related administrative activities supporting your treatment. We may sometimes use or release your information without your consent or authorization as may be required or permitted by certain laws.

You have the right to the following:

- Look at and make copies of your protected health information
- Ask us to not release parts of your protected health information
- To be told when we release your protected health information
- Ask us to contact you only in certain ways
- Request us to change parts of your protected health information
- File a compliant if you think your rights have been violated

**THIS IS ONLY A SUMMARY:** Again we have a detailed Notice of the Privacy Practices which fully explains your rights and our obligations under the law. Please ask the receptionist for our most recent Notice in effect.

My signature below indicates that I have been provided with the Summary Notice of Privacy Practices and I am aware that I may obtain the most recent copy of the Notice of Privacy Practice in its entirety at the front desk or by calling (913) 897-1100.

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Signature of Patient/Guardian

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Date