

Notice of Patient Information Practices

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

ORION PHYSICAL THERAPY/ACTIVE ORTHOPEDICS LEGAL DUTY

Orion Physical Therapy/Active Orthopedics 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

Orion Physical Therapy/Active Orthopedics 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, Orion Physical Therapy/Active Orthopedics may use your personal 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.

Orion Physical Therapy/Active Orthopedics 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, Orion Physical Therapy/Active Orthopedics'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.

Orion Physical Therapy/Active Orthopedics may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our choice. 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 also 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 do 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. Orion Physical Therapy/Active Orthopedics will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Orion Physical Therapy/Active Orthopedics 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 inform Orion Physical Therapy/Active Orthopedics immediately. You may also send a written complaint to the US Department of Health and Human Services. For further information on Orion Physical Therapy/Active Orthopedics' health information practices, or if you have a complaint, please contact the following office:

Orion Physical Therapy
1210 South Lapeer Road
Lake Orion, MI 48360

Active Orthopedics Physical Therapy
317 E. Wackerly Street
Midland, MI 48642

Active Orthopedics Physical Therapy
117 S. Main St., Suite 1A
Freeland, MI 48623

Every patient must receive a copy of this form.