



## **PRIVACY PRACTICES**

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), one has certain rights to privacy regarding protected health information. This information can and will be used to:

- Conduct, plan, and direct treatment and follow-up among healthcare provider who may involved in treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications.

BeMore Physical Therapy, LLC may mail, call or email any items that assist the practice in carrying out treatment, payment, and/or healthcare operations (appointment reminders, insurance items, patient statements, etc). BeMore Physical Therapy may leave messages regarding appointments on answering machine or with a person answering the phone. The information used or disclosed prior to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

If desired, please request Notice of Privacy Practices in accordance with the Health Insurance Portability & Accountability Act, 45 C.F.R. 164.520 containing a more complete description of the uses and disclosures of health information. The organization has a right to change its Notice of Privacy Practices from time to time.

Patients may request in writing that BeMore Physical Therapy restricts how private information is used or disclosed to carry out treatment or payment of health care operations

## **PATIENT'S INDIVIDUAL RIGHTS**

Patient's have the right to review or obtain a copy of their personal health information at any time. Patients have the right to request that BeMore Physical Therapy corrects inaccurate or incomplete information in records. Patient's have the right to request a list of instances where BeMore Physical Therapy disclosed personal health information for reasons other than for treatment, payment, or other related administrative purposes. Patient's may request in writing that BeMore Physical Therapy not use or disclose your personal health information for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. BeMore Physical Therapy will consider all such requests on a case-by-case basis. The company is not legally required to accept the requests.

## **CONSENT TO MARKETING MATERIALS AND TESTIMONIAL RELEASE**

Patient gives consent to allow BeMore Physical Therapy and its employees, agents, partners, and affiliates (collectively "Clinic"), to use patient's name, photograph, videotape/audiotape recording, and/or written testimonial ("Marketing Materials") in Clinic's marketing brochures, publications, and/or on their website and any social media accounts to promote the services offered by Clinic. Patient agrees and understands that these Marketing Materials are owned by the Clinic and will not be returned. Patient releases, holds harmless, and forever discharges the Clinic from any and all claims, demands, and causes of action which patient has or may have. Further, pt affirms that they have read the Consent to Marketing Materials and Testimonial Release and understands the content, meaning, and impact of the agreement. The agreement shall be binding upon patient, heirs, legal representatives, and assigns.

## **HIPAA AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Patient consents and authorizes BeMore Physical Therapy, LLC and its employees, agents, partners, and affiliates (collectively "Clinic") to disclose my Protected Health Information ("PHI") as the term is defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for marketing purposes, as stated below. I understand that subsequent disclosures by recipients of my PHI may not be protected by the HIPAA Privacy Rule or other applicable medical record privacy laws. Patient authorizes Clinic to disclose patient's PHI in the form of written statements, photos, and videotape/audiotape recordings, in the Clinic's marketing brochures, publications, and/or on their website and any social media accounts for purposes of promoting and advertising Clinic's services. Patient may revoke authorization at any time by giving written notice to Clinic, except to the extent that Clinic and its agents, employees, and representatives may have taken action in reliance on the authorization.