

# Notice of Privacy Practices for Protected Health Information

This notice describes how medical Information about you may be used and disclosed and how you can get access to this information. Please review it carefully. With your consent, the practice is permitted by federal privacy laws to make uses and discloses your health information for purposes of treatment, payment and health care operations. Protected Health Information is the information we create and obtain in providing our services to you. Such Information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services.

## **Treatment Purposes:**

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

## **Payment Purposes:**

We submit a request for payment to your health insurance company. The Health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care is given.

## **Health Care Operations:**

We obtain services from our insurers or other business associates such as quality assessment, Quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

## **Health Information Rights:**

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office.
- We are not required to grant the request but we will comply with any request granted.
- Request that you be allowed to inspect and copy your health record and billing record - you may exercise this right by delivering the request in writing to our office.

## **Our Responsibilities**

- Maintain the privacy of your health information as required by law.
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you; abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.



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313-584-CURE (2873)

**To Request Information or File a Complaint:**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our office administrator.

I hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this notice.

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**Patient Name**

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**Relationship to Patient**

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**Patient Signature**

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**Date**