

PATIENT COPY
(Please retain for your records.)

BETHESDA

PHYSICAL THERAPY

NOTICE OF PRIVACY PRACTICES

PATIENT'S INDIVIDUAL RIGHTS

You have the right to obtain a copy of your health record at any time. You may revoke your authorization to use or disclose health information except when disclosures have been made with your prior consent.

BETHESDA PHYSICAL THERAPY RESPONSIBILITIES

It is this organization's legal duty to maintain the privacy of your health information, provide this notice and notify you of any revisions made.

USE AND DISCLOSURE OF HEALTH INFORMATION

- Bethesda Physical Therapy may use your health information for treatment, obtaining payment for treatment, conducting internal administrative functions and evaluating the quality of care.
- Bethesda Physical Therapy may use or disclose health information without prior authorization for public health purposes, auditing purposes and for emergencies. We also provide information when required by law.
- Bethesda Physical Therapy may share your health information in communication with members of your family involved in your care.
- Bethesda Physical Therapy may contact you to provide information and services that may be of interest to you.