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## KEEP FOR YOUR RECORDS

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Please review it carefully.

#### **Individual Rights**

**Access:** You have the right, following a written request and agreed upon date and time, to look at, get a copy of or receive electronically, protected health information about you that we use to make decisions about you. If you request copies, we will charge you at our cost for each page.

**Accounting:** You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes.

**Amendment:** If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend the existing information.

**Restriction:** You may request in writing that we restrict and/or not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to agree to it.

**Alternative Communication:** You may request in writing that we communicate with you by alternative means or alternative locations. Examples would be calling you at work or on a cell phone and sending information to a post office box or e-mail address rather than to your home address.

**Acknowledgement:** You will be asked to sign as acknowledgement of receipt of the Notice of Privacy Practices. We are required by federal law to request your acknowledgement. You have the right to refuse to sign or if you are unable to sign, a family member or personal representative may sign for you.

#### **Our Legal Duty**

We are required by applicable federal and state law to protect the privacy of your health information, provide this notice to you about our privacy practices, your rights concerning your health information and follow the privacy practices that are described in this notice. This notice takes effect April 14 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. In the event we make a material change in our privacy practices, we will change the Notice and provide it to you. You may request a copy of your Notice at any time. For more information regarding our privacy practice or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

**Uses of Disclosures of Health Information.** We use and disclose health information about you for treatment (other providers, diagnostic testing, prescription, consultation, referral, etc.) to obtain payment (submit claims and /or encounters to insurance carriers, billing services and/or clearinghouses, and/or collection agencies, etc) for administrative purposes (reporting, utilization management, quality improvement and surveys, etc) and to

**To You, Your Family and Friends:** We must disclose your health information to you. We may disclose your health information to a family member, friend or other person to the extent necessary to assist with your health care or with payment for your health care, but only if you agree that we may do so, or if you are not able to agree, if it is necessary in our professional judgment. We may contact you by telephone, postcards or letter to provide appointment reminders, test results, or information about treatment alternatives or other health related benefits and services that may be of interest to you, but only if you agree that we may do so. We may use or disclose identifiable health information about you without your authorization about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances, abuse or neglect, national security, judicial and administrative hearings.

**Your Authorization:** You may give us written authorization to use or disclose your health information to anyone for any purpose. In any circumstances other than those listed in this notice, we will ask you for a written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

**Marketing:** We will not use your health information for marketing communications without your prior written authorization. We will never sell your health information without your prior written authorization.

## **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access or amendment to your records, you may contact the person listed below.

You may file a complaint with this office and/or send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights.

We will provide you with the address to file your complaint and a copy of the complaint form or website link for filing electronically. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **Contact Information:**

Darlene Cassell  
Privacy Officer  
Physical Edge, Inc.  
1460 Drew Avenue, Suite #200  
Davis, CA 95618  
Phone: 530-753-9011