

Notice of Protected Health Information

(Scroll down to page 2 for sample form.)



Notice of protected health information practices

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.

Patient Privacy Protection Policy Notice

As required by the HIPAA Regulations, Doeberling-Muccio Physical Therapy, Inc. protects all medical records and other individually identifiable health information used or disclosed by the clinic, whether electronically, on paper, or orally. Patients of Doeberling-Muccio Physical Therapy, Inc. have significant new rights to understand and control how their health information is used.

Our Patients may view, request a copy of, amend, or receive a list of individuals and organizations that have seen their medical information during the period of the previous six (6) years. Doeberling-Muccio Physical Therapy, Inc. may deny access to a patient's records if it believes that the release of certain information will endanger the life or physical safety of the individual. In all other cases, Doeberling-Muccio Physical Therapy, Inc. has sixty (60) days from the date of request to make the information available. Doeberling-Muccio Physical Therapy, Inc. may provide a summary of the data instead of the actual data itself and may charge a fee that is usual and customary for providing this information. Such amounts are set by law and revised on an annual basis. Doeberling-Muccio Physical Therapy, Inc. is not required to include the following material: (i) information submitted by a patient that is generated by another provider, (ii) information that is known to be inaccurate, or (iii) information that is not part of the patient's record set.

Receiving patient consent before information is released. Doeberling-Muccio Physical Therapy, Inc. is required to obtain patient consent before sharing their information for treatment, payment, and health care operations. In addition, separate patient authorization must be obtained for non-routine disclosures and most non-health care purposes. Patients will have the right to request restrictions on the uses and disclosures of their information.

Providing recourse if privacy protections are violated. Patients will have the right to file a formal complaint with Doeberling-Muccio Physical Therapy, Inc. or with the Department of Health and Human Services ("HHS"), concerning violations of the provisions of the Regulations or any related policies and procedures of the clinic.

Doeberling-Muccio Physical Therapy, Inc. has a detailed manual available in the reception area or lobby of each office.

In the event that Doeberling-Muccio Physical Therapy, Inc. needs to contact me at my home, a message may be left: YES
 NO

I have read and I understand the privacy policy that Doeberling-Muccio Physical Therapy, Inc. has in place, and that I may receive a copy upon request.

Signature of Patient/Legal Guardian or Parent: _____ Date: _____

 **Note: If you don't have a digital signature, you must sign the form in person before any treatment.**
To learn more about digital signature, [click here](#).

Select location to submit form	
Austintown	Kinsman
Niles	Warren

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Doeberling-Muccio
Physical Therapy, Inc.
See what we can do to improve the quality of your life.

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