



## Notice of Privacy Practices • Exercise Room and Aquatic Physical Therapy Program Agreements

*Welcome* to Peterson Physical Therapy. We realize there is an enormous amount of paperwork that needs to be completed by you before starting a Physical Therapy program. In an effort to minimize paper waste and make your experience here with us most efficient and effective, we have attempted to condense the number of papers needing signatures into one page. Please sign and date on the spaces provided below only after you have completed reading, understanding and agreeing to the corresponding section in the red binder. Thank you-

I have read, understand and have been given a copy of the **"NOTICE OF PRIVACY PRACTICES"**.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient of Legal Guardian)

I have read and understand the **"AGREEMENT TO USE EXERCISE ROOM"**. I agree to use of the exercise room as part of my physical therapy treatment, as outlined on page 5.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient of Legal Guardian)

I have read and understand the **"AQUATIC PHYSICAL THERAPY PROGRAM AGREEMENT TO PARTICIPATE"**. I agree to use of the aquatic therapy program as part of my physical therapy treatment, as outlined on page 6.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient of Legal Guardian)

Thank you,  
Peterson Physical Therapy



## Notice of Privacy Practices • Exercise Room and Aquatic Physical Therapy Program Agreements

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.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This Notice takes effect on 4/1/2003, and will remain in effect until we replace it.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose your health information about you for treatment, payment . and health-care operations. For Example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our Healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to ,anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your healthcare information for any reason except those described in this Notice.

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**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written consent.

**Required By Law:** We may use or disclose your health information when we are required by law to do so.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect of domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages.

### PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable  
*continued on page 4*

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Signed Agreement—page 1, Privacy Practices—pages 2–4, Exercise Room Agreement— page 5, Aquatic Physical Therapy Program Agreement— page 6



## Notice of Privacy Practices • Exercise Room and Aquatic Physical Therapy Program Agreements

\$0.25 for each page, \$18.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-base fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003. **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do so, we will abide by our agreement (except in an emergency).

**Amendment:** You have the right to request that we amend your health information. Your request must be made in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

### QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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 Officer: Shayne Peterson  
Telephone: 928-771-2977



## **Notice of Privacy Practices • Exercise Room and Aquatic Physical Therapy Program Agreements**

### **Agreement to Use the Exercise Room**

As part of your physical therapy treatment, we anticipate having you use our exercise equipment area. This area consists of exercise equipment and tables where you may receive treatment. Because of the nature of this arrangement, other patients may see parts of your treatments. We are committed to protecting your privacy and will keep your health information confidential.

If at any time during your treatment you ever feel uncomfortable, please request to be moved into a private treatment room.

I have read and understand the above Notice and agree to the use of the exercise room as part of my physical therapy treatment by signing the first page of the Notice of Privacy Practices.



## **Notice of Privacy Practices • Exercise Room and Aquatic Physical Therapy Program Agreements**

### **AQUATIC PHYSICAL THERAPY PROGRAM Agreement to Participate**

Aquatic physical therapy can have benefits for a wide variety of patients and diagnoses. This type of rehabilitation can help an individual regain function after an injury. At the same time it helps maintain or improve your current level of fitness while the body heals. It is a safe and progressive type of rehabilitation because it takes place in gravity eliminated/reduced environment and diminishes impact from weight-bearing joints.

You do not need to know how to swim to participate and your treatment will be directed by a licensed physical therapist. Activities may include water walking, running, stabilization, flotation and using various buoyancy or resistance producing equipment. General strengthening exercises using the water as resistance or assistance, depending on the goal of treatment, will also be incorporated into your program.

Your program will be designed based upon your specific needs as identified by your physical therapist and approved by your physician. This session will be approximately 30–60 minutes in duration and when the treatment concludes you must exit the pool and supervisory responsibility by the physical therapist is no longer in effect. The pool deck and adjoining areas may be wet and caution must be taken by the patient when ambulating these areas. You should also leave you self adequate time prior to and after using the pool to change your clothing and other personal care needs.

Risks may include, but are not limited to, allergic skin reactions, changes in blood pressure, light-headedness, eye irritation, swimmers ear, dehydration and hyperthermia.

It is assumed that the participant will disclose any conditions that may prevent or be relevant to safe participation in the aquatic exercise program.

I have read the above information and understand the benefit and risks involved with my participation in the aquatic therapy program. I understand that my participation is voluntary and I can cease participation at any time. This part of the physical therapy program based upon the physical therapist's evaluation and will conclude once the goals are met or progress plateaus. I have signed the first page of the Notice of Privacy Practices—Aquatic Physical Therapy Program, Agreement to Participate.