BEX PHYSICAL THERAPY + WELLNESS LLC

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**NOTICE OF PRIVACY PRACTICES AND POLICIES**

It is the policy of our practice that all staff at BEX Physical Therapy + Wellness preserves the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its Doctors of Physical Therapy and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree. Patients should not be afraid to provide information to our practice and its staff for purposes of treatment, payment, and healthcare operations (TPO). To the end, our practice, it’s Doctors of Physical Therapy and staff will:

* Adhere to the standards set forth in the Notice of Privacy Practices and Policies.
* Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorization, as appropriate. Our practice and its therapists and staff will not use or disclose PHI for uses outside of the practice’s TPO (treatment, payment, and health care operations), such as marketing, employment, life insurance applications, etc. without an authorization from the patient.
* Recognize the PHI collected about patients must be accurate, timely, complete, and available when needed. Our practice and its Doctors of Physical Therapy and staff will implement reasonable measure to protect the integrity of all PHI maintained about patients.
* Recognize that patients have a right to privacy. Our practice and its Doctors of Physical Therapy and staff respect the patient’s individual dignity at all times. Out practice and our Doctors of Physical Therapy and staff will respect a patient’s privacy while providing the highest quality medical care possible within our scope of practice and within guidelines of efficient facility administration.
* Act as responsible information stewards and treat all PHI as sensitive and confidential. Our practice and its Doctors of Physical Therapy and staff will treat all PHI data as confidential in accordance with professional ethics, accreditation standards and legal requirements. Additionally, we will not disclose PHI data unless the patient (or his/her authorized representative) has properly consented to or authorized the release, or the release is otherwise authorized by law.
* Recognize that, although our practice “owns” the medical records, the patient has a right to inspect and obtain a copy of his/her PHI. Our practice and staff will permit a patient access to his/her medical records when his/her written request is approved by our practice. If we deny his/her request, we then must inform the patient of his/her right to request a review of our denial. In such cases, we will have an on-site healthcare professional review the patient’s appeal.
* Provide patients an opportunity to request an amendment and correction to his/her medical record if he/she believes the information provided in the PHI to be inaccurate or incomplete in accordance with the law and professional standards.
* All Doctors of Physical Therapy and staff at BEX Physical Therapy + Wellness will maintain a list of all disclosures of PHI for purposes other than TPO for each patient and those made pursuant to an authorization.
* All Doctors of Physical Therapy and staff at BEX Physical Therapy + Wellness must adhere to this policy. Our practice will not tolerate violations of his policy. Violation of this policy is grounds for disciplinary action.
* Our practice may change this privacy policy in the future.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received and reviewed the Notice of Privacy Practices and Policies. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ***understand*** the Notice of Privacy Practices and Policies, but have chosen ***not*** to take a copy of these policies. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_