

# Intentional Wellness Physical Therapy, LLC

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## **Notice of Health Information Practices / Privacy Policies / Protected Health Information**

### **1. Introduction**

Intentional Wellness Physical Therapy, LLC / Leslie Clements, PT is required by federal law to protect the privacy of your individual health information, or “Protected Health Information” known as PHI, as it is collected by this company. IWPT is in compliance with federal regulations by providing you this notice regarding our legal obligation surrounding privacy practices and your PHI. IWPT also claims the PHI we have on your will be used in a responsible and legal manner in accordance with federal law. Understanding what is in your PHI and how your health information is used helps you to: 1) ensure its accuracy and confidentiality, 2) better understand who, what, when, where, and why others may access your health information, and 3) make more informed decisions when authorizing disclosure to others.

### **2. Understanding Health Records / Information**

Each time you as the patient/client are in consult or treated by Intentional Wellness Physical Therapy, LLC a record of each communication and/or encounter is made. Typically this record contains subjective symptoms, objective examination, assessments, test results, reactions to current and prior interventions, medical and treatment diagnoses, treatment intervention parameters, and a plan of care for future encounters. This information can possibly serve as a basis for: 1) changes in the current plan of care and treatment, 2) means of communication among health care professionals given your permission to contribute and/or collaborate on your care, 3) legal documentation describing the care/interventions received, means by which you or a third-party payer can verify that services billed were actually provided, 4) a tool in educating healthcare professionals, 5) a source of data for medical research, 6) a source of information for State or Federal audits, or public health officials charged with improving the health of the state and the nation, 7) a source of data used in a general sense without identifying the patient/client in order to plan and market to the community, 8) a tool to assess and continually work to improve the care rendered to patients/clients, and the outcomes achieved.

### **3. Your Health Information Rights**

Although your health record is the physical property of Intentional Wellness Physical Therapy, LLC, the information belongs to you. You have the right at any time to: 1) Obtain a paper copy of this notice of information practice upon request, 2) Inspect and/or receive a copy of your PHI (a reasonable fee may be required for providing copies), 3) request an amendment to your PHI to reflect your opinion of inaccurate or incomplete information, 4) request in writing a restriction on disclosure of your PHI to your insurance company or any other payer source for services rendered at IWPT as is acceptable by federal law, and 6) revoke your authorization of disclosure of your PHI at any time except to the extent that action has already been taken.

### **4. Responsibility of Intentional Wellness Physical Therapy, LLC and Leslie Clements, PT**

Intentional Wellness Physical Therapy, LLC will comply with all federal laws, privacy and confidentiality of your PHI. We reserve the right to make revisions, updates, or changes to our company practices and policies. In the event of changes, Intentional Wellness Physical Therapy, LLC will post changes in an updated form on the Website as well as posting an updated copy in the clinic.

I acknowledge I have been given the opportunity to read / review this Notice of Health Information Practices and I understand my Protected Health Information and give my authorization to the information above.

Patient / Client **Printed Name:** \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient / Client **Signature:** \_\_\_\_\_