

Oasis

**Physical
Therapy
&
Pilates**

**Orthopedic
And
Sports
Injury
Services**



**Specialty in
Treating
Dancers and
Athletes**

Notice of Privacy Policy

The effective date of this notice is April 14, 2003. It remains effective until we replace it.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Oasis Physical Therapy must take measures to protect the privacy of your personal health information (PHI). Examples of your PHI include but are not limited to your name, Social Security number, address, telephone number, account number, employment, medical history, health records, claims information, etc.

Oasis Physical Therapy will hold the PHI of all patients in the strictest of confidence using and disclosing it only as necessary for billing purposes, appointment scheduling and for providing quality medical care. This may include but is not limited to exchanging information with your insurance company and your doctor's office. Our communication may be by phone or by mail to your household or place of employment. We may disclose PHI about you to a family member or other individuals who are directly involved in your care or for payment for your care. We will keep your records locked while not in use. In the clinic, all reasonable means to protect your privacy will be employed in the handling of your PHI.

We may disclose PHI to our Business Associates, which are entities or individuals not employed by us that perform health care operations (activities such as quality assessment and improvement activities or care management) or payment activities. We must have contracts with our Business Associates that require them to maintain the confidentiality of your PHI.

As a patient you have a right to copy and inspect your records, request an amendment to your records, file a complaint, restrict the use and disclosure of your PHI and request a history of the use and disclosure of your records.

If you would like more information about this policy, contact Sidney Anderson at 360-676-8077. To file a complaint in regard to the handling of your PHI, you may do so in writing and send it to Oasis Physical Therapy, Attn: Sidney Anderson, 301 W. Holly St., Suite M6, Bellingham, WA 98225.

I agree to the above privacy policy _____ Date: _____.

Sidney Anderson, P.T.

**301 W. Holly, Suite M6
Bellingham, WA 98225**

tel 360-676-8077

fax 360-715-8574