



PRIVACY & SECURITY

DELTA PHYSICAL THERAPY
COMPLIANCE PROGRAM
PRIVACY AND SECURITY COMPLIANCE PLAN
PRIVACY & SECURITY NOTICE

Delta Physical Therapy, in compliance with certain laws, has taken reasonable and comprehensive steps towards the protection of the privacy and security of your personal health information. Such information may include oral, written, telephone, facsimile and/or other electronic communication of protected health information (PHI).

Complete information regarding Privacy and Security Practices is available to all patients upon individual request and such information is entitled “*Statement of Privacy and Security Practices*”.

Individual Patient Rights: You have rights with respect to the following:

- To read and understand this privacy and security notice prior to treatment
- To request a copy of “Statement of Privacy and Security Practices”
- To expect that all protected health information be utilized only for the following purposes:
 - Treatment (including contacting you with regards to appointment and other treatment related communication)
 - Payment
 - Health care operations
 - Mailing or other communication with you in the form of announcements and/or newsletters
- To request a copy of your personal health information
- To request revision of inaccuracies in your personal health information
- To restrict how your personal health information is used and disclosed except as noted above

Further Information/Concerns: Please express any concerns you may have regarding any violation of your privacy rights, and other privacy and security issues to the Delta Physical Therapy Compliance Officer. Any concerns reported will not result in retaliation or retribution.

Compliance Officer: Kelly Sanders
805 Aerovista, Suite # 201
San Luis Obispo, CA 93401
Email: kelly@spsportstherapy.com
Ph: (805) 788-0805, ext 216

You also have the right to report any concerns regarding your privacy rights to the Secretary of the US Health and Human Services Department. The Department can be contacted at <http://www.hhs.gov/ocr/hipaa> or by calling (415) 437-8310. By signing below, you acknowledge that you were offered a copy of this form and have read its contents.

Patient / Guardian / Personal Representative Signature

Date