



Pledge to Patient Privacy

At El Dorado Physical Therapy, we understand that medical information about our patients is of utmost importance. Under the law as your care provider, we are required to:

- ❖ Keep your medical information private
- ❖ Provide a notice regarding privacy to each patient
- ❖ Follow our privacy policies

In order to provide the best care, at times we will need to share your medical information with other medical providers, but will not do so until you, our patient, have signed a consent form permitting us to share this information.

Periodically we will contact patients to remind them of scheduled appointments. This may mean that we leave a voice message for you if we are not able to reach you in person.

We are often required to disclose our medical records for patients due to receipt of a subpoena executed by a court of law. In this case, we are required to comply with the subpoena for medical records. We may share information about you when required to do so by law enforcement agencies.

Unless you tell us otherwise, in certain emergency situations, we may share your medical information with family members who you have named on your initial paperwork as a next of kin contact.

In most cases, we will share information in our medical file with the patient, and upon written request will provide copies of the medical file with the patient once they have signed a release for their medical record. You may request to receive your copy in written or electronic format. We will also provide copies of your medical record to a third party or another care provider once we have received a written request to release this information which is signed by our patient.

Patients may provide a written request that we limit the use of your medical information. Patients may also request that information for any visits being completely paid for by the patient not be disclosed to their insurance company. Any such requests will be acknowledged in writing, the patient will be provided with our acceptance of the request, or in some cases, we may notify the patient that we are not able to comply with the request, along with an explanation of why we are not able to comply.

Your medical information may not be used for any marketing or other purpose that would constitute a sale of your information without your written consent. You have the right to request a list of disclosures of your medical information for which you provided written authorization. Other uses not described in this notice will be made only with your authorization.

You have the right to be notified upon a breach of your medical information.

This plan is developed effective 7/29/13, and may be modified and updated at a future date as needed.

Any patient who has questions, or if you think that the privacy of your medical information has been violated, the patient may contact our Privacy Officer at the following location:

Privacy Officer: Laura Karr
El Dorado Physical Therapy Management, LLC
907 Embarcadero Drive
El Dorado Hills, CA 95762
916 933-1221