Therapy Center of Cedar Point

HIPAA Notice

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS FORM CAREFULLY.

OUR LEGAL DUTY

The Therapy Center of Cedar Point Inc. is required by law to protect the privacy of your personal health information, provide notice about our information management practices, and follow the information protocols as described below.

USES AND DISCLOSURES OF HEALTH INFORMATION

The Therapy Center of Cedar Point Inc. uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and assessing the quality of care we are proud to provide. We use your personal information to contact you to arrange an appointment with us, to properly bill your insurance carrier for the services we provide you with and to inform your referring physician of the plan of care and treatments. In addition, we may, from time to time, disclose your health information without prior authorization for public health purposes, auditing tracking, and research studies. In any other situation, The Therapy Center of Cedar Point Inc. will obtain written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to cease future disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, a new Notice of Information Practices at any time. All of our records are kept electronically in a cloud-based EMR system. This system uses unique use IDs and passwords to protect all records. Should there be a breach in the privacy of these records you shall be notified within 60 days by mail. We will say your name(first and/or last) when we call you back for treatment unless you request otherwise.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review and/or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You may also have the right to request a list of instances where we disclose your personal health information for reasons other than for treatment, payment or other related administrative purposes. You may request in writing that we not use or disclose you personal health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. The Therapy Center of Cedar Point Inc. will consider all such requests on a case-by-case basis. The company is not required to accept the requests.

CONCERNS AND COMPLAINTS

If you are concerned that The Therapy Center of Cedar Point Inc. may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our HIPAA Compliance Officer, at the office address and phone number listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

The Therapy Center of Cedar Point Inc. HIPAA Compliance Office 530 Cedar Point Blvd. Cedar Point, NC 28584 (252)393-8828