



## NOTICE OF PRIVACY PRACTICES

ZENERGY PHYSICAL THERAPY  
13710 METROPOLIS AVE #106  
FORT MYERS, FL 33912  
PHONE: 239.362.1485  
FAX: 239.822.6609

The following notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and Disclosures of Protected Health Information:

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example; results of laboratory tests and procedures will be available in your medical record and all health professionals who may provide treatment or who may be consulted by staff members.

**Payment:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for such services. For example; your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health care operations:** Your health information may be used as necessary to support the day-to-day activities and management of ZENERGY PHYSICAL THERAPY LLC. For example; information on the services you have received may be used, but not limited to, support budgeting and financial reporting, activities to evaluate and promote quality, training of physical therapy students.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of said authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional uses of information:

Your health information may be used by our staff to send you appointment reminders, via: (but not limited to) phone, fax, e-mail, or post.

Individual Rights:

You have certain rights under the federal privacy standards these include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Zenergy Physical Therapy Duties:

We are required by law to maintain the privacy of your protected health information and provide you with this notice of privacy



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practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

### Right to Revise Privacy Practices:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recent revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### Requests to Inspect Protected Health Information:

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist. Your request will be reviewed and will generally be granted/approved unless there are legal or medical reasons to deny the request.

### Complaints and Contact Person:

If you would like to submit a comment or complaint about our privacy practice, you may do so by sending a letter outlining your concerns to:

**Patrick Wong**  
**Zenergy Physical Therapy LLC**  
**13710 Metropolis Ave #106**  
**Fort Myers, FL 33912**

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause for your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

### Effective Date:

In concordance with HIPAA effective on and after April 14, 2003.