



R3PT NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY**

Uses and Disclosures

Treatment. Your health information may be used or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For instance, results of laboratory tests and procedures kept in your medical record will be available to all health professionals who may provide treatment to you or who may be consulted by R3PT relating to your care.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and operations of R3PT. Budgeting and financial reporting are examples of such usage.

Law Enforcement. Your health information may be disclosed to law enforcement agencies to support government-mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For instance, R3PT is required to report certain communicable diseases to the state's public health department.

Research. We may access your health information for research purposes; this may include Institutional Review, Board-approved and regulated clinical studies as well as retrospective reviews of patient outcomes.

Other uses and disclosures require your authorization. Disclosures of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you wish to change a previous authorization, you may do so by submitting a written revocation of that previous authorization. Please be aware that your decision to revoke the previous authorization will not affect or undo any prior use or disclosure of information associated with the initial authorization.

Additional uses of information. Appointment reminders. R3PT may use your health information to remind you of pending appointments.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition or on other health-related goods and services that you find to be of interest.

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the above described Notice of Privacy Practices form, and I understand the rights of privacy as afforded me therein. Furthermore, I understand that R3PT reserves the right to modify the privacy practices outlined in the notice.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required if patient is a minor or an adult unable to sign)

Relationship to Patient