



Notice of Privacy Practices

Centennial Sports and Physical Therapy assures that patients are treated according to their rights defined by **HIPAA** (Health Insurance Portability and Accountability Act of 1996).

1. **Complaints**: If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we have made about access to Protected Health Information, you may contact Sean Freeman at 509-928-6220. You may also file a written complaint with the Director, Office of Civil Rights, U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or with the Office of the Director.
2. **Right to Request Additional Restrictions**: You may request restrictions on our use and disclosure of Protected Health Information (1) for treatment, payment and health care operations, (2) to individuals (such as family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.
3. **Right to Receive Confidential Communications**: You may request, and we will accommodate any reasonable written request, for you to receive protected health information by alternative means of communication or alternative locations.
4. **Right to Inspect and copy your Health Information**: You may request access to your medical file, as well as your enrollment, payment and claims adjudication, case and medical management records, and your billing records maintained by us, in order to inspect and request copies of records. If you request a copy or copies of your record, you will be charged a cost based fee of \$.25 per page of the copy furnished directly to the patient/legal guardian.
5. **Right to Amend your records**: You have the right to request that we amend Protected Health Information maintained in your medical record file, enrollment, payment, claims adjudication, case and medical management records, or billing records. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
6. **Right to Receive a Paper Copy of this notice**: Upon request, you may obtain a paper copy of this notice, even if you agreed to receive such notice electronically.

Patient or Legal Guardian Signature

Date