

## PRIVACY & SECURITY

### SPORT & SPINE PHYSICAL THERAPY, INC. COMPLIANCE PROGRAM PRIVACY AND SECURITY COMPLIANCE PLAN PRIVACY & SECURITY NOTICE

Sport & Spine Physical Therapy, Inc., in compliance with certain laws, has taken reasonable and comprehensive steps towards the protection of the privacy and security of your personal health information. Such information may include oral, written, telephone, facsimile and/or other electronic communication of protected health information (PHI).

Complete information regarding Privacy and Security Practices is available to all patients upon individual request and such information is entitled "*Statement of Privacy and Security Practices*".

**Individual Patient Rights:** You have rights with respect to the following:

- To read and understand this privacy and security notice prior to treatment
- To request a copy of "Statement of Privacy and Security Practices"
- To expect that all protected health information be utilized only for the following purposes:
  - Treatment (including contacting you with regards to appointment and other treatment related communication)
  - Payment
  - Health care operations
  - Mailing or other communication with you in the form of announcements and/or newsletters
- To request a copy of your personal health information
- To request revision of inaccuracies in your personal health information
- To restrict how your personal health information is used and disclosed except as noted above

**Further Information/Concerns:** Please express any concerns you may have regarding any violation of your privacy rights, and other privacy and security issues to the Sport & Spine Physical Therapy, Inc. Compliance Officer. Any concerns reported will not result in retaliation or retribution.

Compliance Officer: Jan Beeler  
Sport & Spine Physical Therapy, Inc.  
1 Raynes Avenue, Suite 202  
Portsmouth, NH 03801  
Email: jan.beeler@nhsportandspine.com  
Ph: (603) 431-9700

You also have the right to report any concerns regarding your privacy rights to the Secretary of the US Health and Human Services Department. The Department can be contacted at <http://www.hhs.gov/ocr/privacy/> or by calling (877) 696-6775. By signing below, you acknowledge that you were offered a copy of this form and have read its contents.

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Patient / Guardian / Personal Representative Signature

Date