

**MARIPOSA PHYSICAL THERAPY**  
**NOTICE OF PATIENT INFORMATION PRACTICES**

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

**LEGAL DUTY**

Mariposa Physical Therapy, Inc. (MPT) is required by law to protect the privacy of your personal health information (PHI), provide this notice about our information practices, and follow the information practices that are described herein.

MPT uses your PHI primarily for treatment; obtaining payment for treatment; conducting internal administrative activities; and evaluating the quality of care that we provide. MPT may also use your PHI to contact you to provide appointment reminders; or give information about treatment alternatives or other health related benefits that could be of interest to you.

MPT may also use or disclose your PHI without prior authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. Patient authorization is required if MPT were to receive compensation for disclosing PHI to a third party whose product/service is being marketed.

In any other situation, MPT's policy is to obtain your written authorization before disclosing your PHI. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

MPT may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

MPT will notify any affected individuals if a breach of unsecured PHI has occurred.

**PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your PHI at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your PHI for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your PHI for treatment payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. MPT will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them. MPT will honor requests restricting disclosure of PHI to health plans where the individual pays out of pocket in full for the healthcare item or service.

**CONCERNS AND COMPLAINTS**

If you are concerned that MPT may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your PHI, please contact our practice manager. You may also send a written complaint to the US Department of Health and Human Services. For further information of MPT's health information practices or if you have a complaint, please contact the following person:

**Oakhurst Physical Therapy, Inc.**

**Practice Manager-Lori McLean**

**5072 Bullion Street, Mariposa, CA 95338 Telephone: (209) 742-7272**

*Effective July 4, 2021*

I have received a copy of the Notice of Patient Information Practices and consent to its use as described.

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Patient / Guardian Signature (relationship to patient)

DATE