



Pioneer Therapy Center

Notice of Medical Rights & Privacy Practices

You have the following rights regarding your medical information:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records. To inspect and copy medical information that may be used to make decisions in your therapy care, you must submit a request in writing to Pioneer Therapy Center. If you request a copy of any information, we may charge a fee for the costs of copying documents, mailing documents, and/ or other supplies and services associated with your request. These fees may include the following: a \$20.00 administration fee/+0.91 cents for the first 30 pages and 0.69 cents for every page thereafter. You will receive the requested copies within 15 days of receipt of the original request.

Although unlikely, Pioneer Therapy Center reserves the right to deny the request to inspect and copy in certain circumstances. If your request is denied, you have the right to request that the denial decision be reviewed. An alternative licensed health care professional other than the one who previously reviewed/denied the request will review the original request and denial decision. Once a secondary decision is made Pioneer Therapy Center will comply with the final decision.

Right to Amend: If you feel that the medical information documented on file is incorrect or incomplete in any way, you have the right to request an amendment of the information. To request an amendment, you must submit a request in writing to Pioneer Therapy Center. In addition, a reason that supports the amendment must be provided in the request. Any Amendment made to your health information will be disclosed to the parties previously specified in your therapy care:

Pioneer Therapy Center reserves the right to deny your request for an amendment if it is not received in Writing and submitted with a reason that supports the requested amendment. Additionally, Pioneer Therapy Center may deny the amendment request for the following reasons:

1. The documented information was not created by Pioneer Therapy Center personnel, or the entity that created the documentation is no longer available to make/comply with the amendment.
2. The amendment request is not part of the medical information kept by Pioneer Therapy Center.
3. The amendment request is not part of the medical information, in which would be permitted to inspect and copy.
4. The information that is being requested to amend is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request a list of accounting for any disclosures of your medical information made by Pioneer Therapy Center, except for the uses and disclosures for treatment, payment and health care operations, as previously described. To request an accounting of disclosure, you must submit a request in writing to Pioneer Therapy Center. Your request must specify a time frame, which cannot be longer than 7 years and cannot include dates before April 14th, 2003. Please indicate which form you would like to receive your accounting disclosures: for example, paper, or electronically. The first disclosure request within a 12-month period will be free of charge. For any additional disclosure requests within the same 12-month period, a fee may be applicable. We will notify you of the fee upon receipt of the request and you may opt to withdraw or modify your request at that time before costs are incurred.

324 E Pioneer, Puyallup, WA 98372

P: 253.377.6285 | F: 253.639.2016

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information Pioneer Therapy uses or discloses about you for therapeutic treatment payments/billing, or health care operations, this includes anyone involved in your care ie.: family members or friends. Pioneer Therapy Center is not required to agree to your request. However, Pioneer Therapy Center will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must submit a request in writing to Pioneer Therapy Center. In your request you must specify what information you are requesting limitations on, whether you want to limit Pioneer Therapy Center's use, disclosure or both. and whom you would like the limits to apply to.

Right to Request Confidential Communications: You have the right to request that Pioneer Therapy Center communicate with you about medical matters in a specific way or in a specific location. *(For emmple: you am request that we only contact you at your home phone number or by mail.)* To request confidential communications, you must submit a request in writing to Pioneer Therapy Center and must specify how and where you would prefer to be contacted. All reasonable requests vnll be accommodated.

Right to a Paper Copy of this Notice: If you have agreed to receive this notice electronically you are still entitled to a paper copy upon request.

Changes to this Notice: Pioneer Therapy Center reserves the right to change this notice at any time. Additionally Pioneer Therapy Center reserves the right to make any revisions of this notice effective for medical information that is already on file for you as well as any information received in the future. Current notices will have the effective date listed and will be posted in the facility.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint directly with the practice please contact Karen Witters OT/R at: 253.377.6285, you must submit the complaint in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide Pioneer Therapy Center permission to use or disclose your medical information, you have the right to revoke that permission at any time.If you choose to revoke your permission , Pioneer Therapy Center will no longer use or disclose your medical information for the reasons stated in your written request. Please note, Pioneer Therapy Center is unable to take back any disclosures that have already been made with your permission, and it is required that Pioneer Therapy Center retains all records of care that has been provided to you.

I have read and understand the above.

X _____
Printed Name of (Client or Representative):

X _____
Signiture and Date