

Body Ease Physical Therapy Centre's Privacy Practices:

When you fill out any information in our office, you disclose personal information for you and your family members. The collection, use, and disclosure of your information are regulated by laws.

Security of your personal and financial information is very important to us.

Types of personal information we may collect:

We may collect nonpublic, personal, financial, and medical information about you from various sources including:

- Information you provide on patient information forms that may include: name, address, social security number, age, and gender.
- Information pertaining to your relationship with our office, medical doctors, and insurance company.
- Information as noted above that we may obtain from your insurance company and medical doctors.

How we use your information:

At no time will we disclose your health or financial information to anyone outside unless we have written authorization from you, or we are required to do by law. We enforce physical, electronic, and procedural securities in accordance with state and federal laws that protect your information.

We also limit access to your personal information to only the physical therapists and office staff, who need to know this information to conduct business and provide proper services to you.

Disclosure of your information:

In order to protect your privacy, all parties, affiliated and nonaffiliated, are subject to strict confidentiality codes. All information we will share with any party is only shared with your consent and used to provide you with better services.

The information we provide can only be used to provide you with services that are requested by your physician.

All medical or financial information we obtain will not be shared internally or externally with exception of billing or consulting with your referring physician. Any of your personal information will not be given out without your written consent to disclose this information.

Changes in our privacy policy:

I review my policies and reserve the right to change them. If any policies change, I will continue to keep all of your medical and financial information secured. This is my highest priority.

If you should have any questions, please contact our office by calling (540) 337-1999.

Patient Signature

Date