



What to Expect from Physical Therapy

The Center for Physical Rehabilitation's staff is a highly trained group of Physical Therapists, Physical Therapy Assistants and certified Athletic Trainers who will be working on assisting you to decrease pain, increase your activity level, and prevent future problems.

Initial evaluation-The therapist will first take a look at your posture. Posture is determined by the types of activities we do throughout our lives. The muscles around the neck and back will be evaluated for tightness and/or weakness. The bony alignment will also be evaluated - how your head is positioned over your shoulders, your shoulders upon your mid-back, and how your back rests upon your pelvis, etc. Afterward, range of motion and strength are assessed, and, special tests may be performed. In order to individualize a treatment plan, the therapist will then discuss goals with you.

Your program is likely to include:

1. Skilled Manual Therapy: A therapist works on the soft tissue to increase movement and decrease tender areas around your injury. It may also involve joint mobilization techniques to help restore normal movements around your joints. Our therapists are highly trained in all areas of manual therapy.

2. Individualized Stretching and Strengthening: Consists of an exercise program designed around your specific needs. These exercises will stretch and strengthen the muscle groups around your area of pain. We have found that patients in better cardiovascular condition heal considerably faster and tend to have fewer recurring injuries. We also feel cardiovascular conditioning is very effective in decreasing weight, decreasing overall mental stress, and improving oxygen and nutrient flow to the muscles, which improves the muscle's ability to hold a proper posture. Our cardiovascular equipment includes treadmill, bike, elliptical machine, health rider, upper body ergometer, and the recumbent bike.

3. Patient Education: Teaching proper ways to sit, stand, bend, and lift in order to prevent injuries from recurring. Proper body mechanics and positioning will be demonstrated. By practicing these movements in physical therapy, they will become second nature.

Total healing is up to you. We are committed to assisting you in your healing and providing a pleasant atmosphere for you while you are accomplishing your treatment goals.

Notice of Protected Health Information Practices (Privacy Policy)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
The effective date of this Notice is October 31, 2013

Purpose of Notice

Under the federal health care privacy regulations pertaining to the Health Insurance Portability and Accountability Act of 1996 set forth at 45 CFR § 160.101 et seq. (the "Privacy Regulations"), The Center For Physical Rehabilitation ("the Practice") is required to protect the privacy of your individually identifiable health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history. We are also required to provide you with this Notice of Protected Health Information Practices regarding our legal duties, policies and procedures to protect and maintain the privacy of your health information ("the Notice"). We will not use or disclose your health information except as provided for in this Notice. However, we reserve the right to change the terms of this Notice and make new notice provisions for all of your health information that we maintain.

Permitted Uses and Disclosures of Your Health Information

1. **Uses and Disclosures with Patient Consent:** Under the Privacy Regulations, after having made good faith efforts to obtain your acknowledgement of receipt of this Notice, we are permitted to use and disclose your health information for the following purposes:
 - a. **Treatment.** We are permitted to use your health information in the provision and coordination of your health care. We may disclose information contained in your medical record to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment. For example, your healthcare provider may disclose your health information when consulting with a physician regarding your medical condition.
 - b. **Payment.** We are permitted to use your health information for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. This information may be released to an insurance company, third party payor or other authorized entities involved in the payment of your medical bill and may include copies of portions of your medical record which are necessary for payment of your account. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment.
 - c. **Health Care Operations.** We are permitted to use and disclose your health information during the Practice's routine health care operations, including, but not limited to, quality assurance, utilization reviews, medical reviews, auditing, accreditation, certification, licensing or credentialing activities and for education purposes.
2. **Uses and Disclosures with Patient Authorization.** Under the Privacy Regulations, we can use and disclose your health information for purposes other than treatment, payment or health care operations with your written authorization. For example, with your authorization we can provide your name and medical condition to companies who might be able to provide you useful items or services. Under the Privacy Regulations, you may revoke your authorization; however, such revocation will not have any effect on uses or disclosures of your health information prior to our receipt of the revocation.
3. **Uses and Disclosures With Patient Opportunity to Verbally Agree or Object.** Under the Privacy Regulations, we are permitted to disclose your health information without your written consent or authorization to a family member, a close personal friend or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. You must be notified in advance of the use or disclosure and have the opportunity to verbally agree or object.
4. **Uses and Disclosures Without an Acknowledgement, Authorization or Opportunity to Verbally Agree or Object.** Under the Privacy Regulations, we are permitted to use or disclose your health information without your consent, authorization or the opportunity to verbally agree or object with regard to the following:
 - a. **Uses and Disclosures Required by Law.** We will disclose your health information when required to do so by law.
 - b. **Public Health Activities.** We may disclose your health information for public health reporting, reporting of communicable diseases and vital statistics and similar other circumstances.
 - c. **Abuse and Neglect.** We may disclose your health information if we have a reasonable belief of abuse, neglect or domestic violence.
 - d. **Regulatory Agencies.** We may disclose your health information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs and compliance with civil rights.
 - e. **Judicial and Administrative Proceedings.** We may disclose health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request or legal request.
 - f. **Law Enforcement Purposes.** We may disclose your health information to law enforcement officials when required to do so by law.
 - g. **Coroners, Medical Examiners, Funeral Directors.** We may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.
 - h. **Research.** Under certain circumstances, we may disclose your health information to researchers when their clinical research study has been approved by an institutional review board that has reviewed the research proposal and provided that certain safeguards are in place to ensure the privacy and protection of your health information.
 - i. **Threats to Health and Safety.** We may use or disclose your health information if we believe, in good faith, the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
 - j. **Military/Veterans.** If you are a member of the armed forces, we may disclose your health information as required by military command authorities.
 - k. **Workers' Compensation.** We may disclose your health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
 - l. **Marketing.** We may use or disclose your health information to make a marketing communication to you, if such communication is conducted face-to-face or concerns products or services of nominal value. We will not provide marketing communications to you for which we receive remuneration without your authorization.

- m. **Appointment Reminders.** We may use and disclose your health information to remind you of an appointment for treatment at our practice.
 - n. **Other Uses and Disclosures.** In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Regulations.
5. **Uses and Disclosures to Business Associates.** With an acknowledgement or a proper authorization or as otherwise permitted under the Privacy Regulations, we are permitted to disclose your health information to Business Associates and to allow Business Associates to receive your health information on our behalf. A Business Associate is defined under the Privacy Regulations as an individual or entity under contract with us to perform or assist us in a function or activity which requires the use of your health information. Examples of business associates include, but are not limited to, consultants, accountants, lawyers, medical transcriptionists and third party billing companies. We require all Business Associates to protect the confidentiality of your health information.

Patient Rights

Although your medical record is our property, you have the following rights concerning your medical record and health information:

1. **Right to Request Restrictions on the Use and Disclosure of Your Health Information.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operations. However, we are not required to agree with such a request unless you pay out of pocket in full for a particular healthcare item or service, in which case you have the right to restrict certain disclosures of your health information, related solely to such item or service, to your health plan for payment or health care operations. If, however, we agree to the requested restriction, it is binding on us.
2. **Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your own health information upon request. However, we are not required to provide you access to all the health information that we maintain. For example, this right does not extend to psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding, or subject to or exempt from Clinical Laboratory Improvements Amendments of 1988. Access may also be denied if disclosure would reasonably endanger you or another person.
3. **Right to Verbally Object.** You have the right to verbally object to certain disclosures that are routinely made for treatment, payment or healthcare operations or for other purposes without an Authorization. For example, we are required to give you an opportunity to object to the sharing of your health information with a person or family member accompanying you for treatment.
4. **Right to Seek an Amendment of Your Health Information.** You have the right to request an amendment of your health information. If we disagree with the requested amendment, we will permit you to include a statement in the record. Moreover, we will provide you with a written explanation of the reasons for the denial and the procedures for filing appropriate complaints and appeals.
5. **Right to an Accounting of Disclosure of Your Health Information.** You have the right to receive an accounting of disclosures made by us of your health information within six (6) years prior to the date of your request. The accounting will not include disclosures related to treatment, payment or health care operations, disclosures made to you, disclosures made pursuant to a validly executed authorization, disclosures permitted by the Privacy Regulations or disclosures to persons involved in your care. The accounting of disclosures shall include the date of each disclosure, name and address of the person or organization who received your health information, a brief description of the information disclosed, and the purpose for the disclosure.
6. **Right to Confidential Communications.** You have the right to receive confidential communications of your health information by alternative means or alternative locations. For example, you may request that we only contact you at work or by mail.
7. **When Authorizations are Required.** An authorization is required for most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of your health for marketing purposes, and disclosures that constitute a sale of protected health information. Moreover, other uses and disclosures of your health information not described in this Notice of Privacy Practices will be made only with a valid authorization from you.
8. **Right to Revoke Your Authorization.** You have the right to revoke a validly executed authorization for the use or disclosure of your health information. However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.
9. **Right to Opt-Out of Fundraising Communications.** We may contact you for fundraising purposes or have someone contact you on our behalf. However, you have a right to opt out of fundraising communications.
10. **Right to be Notified Following a Breach of Your Information.** If you are affected by a breach of your unsecured protected health information by us or our business associates, then you have the right to be notified following such a breach.
11. **Right to Receive Copy of this Notice.** You have the right to receive a copy of this Notice.

Contact Information and How to Report a Privacy Rights Violation

If you have questions and would like additional information regarding the uses and disclosures of your health information, you may contact the Compliance Officer at 616-954-0950 ext. 222. Moreover, the Practice has established an internal complaint process for reporting privacy rights violations. If you believe that your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. All complaints must be submitted to the Practice in writing at 5060 Cascade Road, Suite A, Grand Rapids, MI 49546. There will be no retaliation for filing a complaint.



Statement of Patient Rights

- The right to efficient & equal service regardless of race, sex, physical or mental handicap, religion, ethnic background, education, social class or economic status.
- The right of considerate, courteous & respectful care from all our staff.
- The right of complete information in terms the average patient can reasonably be expected to understand.
- The right to informed consent and full discussion of risks and benefits prior to any invasive procedure, except in an emergency. The right to discuss alternatives to proposed procedures.
- The right to obtain assistance in language interpretation.
- The right to know the names, titles, and professions of the staff to whom you speak and from whom you receive services or information.
- The right to refuse examination, discussion and procedures to the extent permitted by the law, and to be informed of the health and legal consequences of this refusal.
- The right of access to your personal health records.
- The right of respect for your privacy.
- The right of confidentiality of your personal health records as provided by law.
- The right to expect reasonable continuity of care within the scope of services and staffing of the facility.
- The right to respect for your rights and religious options.
- The right to present complaints to the Director of our facility without fear of reprisal.