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## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### 1. Uses and Disclosures

We will use and disclose your protected health information for the purposes of treatment and health care operations.

**Treatment** includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians and other rehabilitation therapists.

**Health Care Operations** includes the utilization of your records to monitor the quality of care being given at our facility or for business planning activities.

#### Other Special Uses

Our practice may use your protected health information to send you an appointment reminder, or to contact you to schedule further appointments. You may choose to receive these communications by voice call, text message or email.

We do not bill insurance companies for services rendered. We do not disclose protected health information to insurance companies with respect to health care for which you have paid in full out of pocket. Any written requests we receive from your insurance company will be turned over to you.

#### Uses and Disclosures Required by Law

The federal health information privacy regulations either permit or require us to use or disclose your protected health information in the following ways: we may share some of your protected health information with a family member or friend involved in your care if you do not object and we may use your protected health information in an emergency situation when you may not be able to express yourself. We may also disclose your protected health information when we are required to do so by law, for example by court order or subpoena.

We may use and disclose protected health information about you to avert a serious threat to your health or safety or the health or safety of the public or others.

Your authorization is required before your protected health information may be used or disclosed by us for other purposes.

These purposes include using or disclosing your protected health information for marketing purposes or selling your protected health care information. Unless you authorize us to do so, we are expressly prohibited from using or disclosing your protected health care information for marketing purposes, or from selling your protected health care information.

While our practice does not engage in fundraising activities, the law requires that we inform you of your right to opt out of receiving fundraising communications from us.

## **2. Your Privacy Rights**

### **Restrictions**

You have the right to request in writing restrictions on how your protected health information is used; however, we are not required to agree with your request. If we do agree, we must abide by your request.

### **Access to Protected Health Information**

You have the right to request a copy of your medical record. You must make this request in writing.

### **Amendments**

You have the right to request an amendment be made to your protected health information, if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree that will become part of your medical record. We may not amend parts of your medical record that we did not create.

### **Accounting of Disclosures**

You have the right to request an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, health care operations, or for which we have obtained authorization.

### **Breach Notification**

You have the right to be notified if a breach of your unsecured protected health information has occurred.

## Concerns

If you feel that your privacy rights have been violated, you have the right to express your concerns to us in writing without fear of retaliation. Your written communication should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may express your concerns to the U.S. Department of Health and Human Services.

## Our Duty to Protect Your Privacy

We are required to comply with the federal health information privacy regulations by maintaining the privacy of your protected health information. These rules require us to provide you with this document, our Notice of Privacy Practices. We reserve the right to update this notice at any time. If we do update this notice in the future, you will receive a revised notice when you next seek treatment from us.

## 3. Privacy Contact

If you would like more information about our privacy practices or to file a concern you may contact:

Heather Bazinet, PT  
16400 Lark Ave, Suite 250  
Los Gatos, CA 95032  
(408)513-7851

## 4. Acknowledgment

**I have read this notice of privacy practices.**

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Signature

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Date

Effective as of October 1, 2012.

Date of last revision September 8, 2013.