



# Source Physical Therapy & Wellness

## HIPAA Policies & Procedures

*PLEASE READ THIS FORM CAREFULLY. IT IS INTENDED TO EXPLAIN HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION ACCORDING TO THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996.*

\* Physical Therapy Solutions, LLC (dba Source Physical Therapy & Wellness (aka SPTW)) will provide a HIPAA Compliance handout to all patients. Your signature will be obtained confirming acknowledgement of this form & scanned into your electronic patient file.

\* All patient's medical information will be kept in our secure Electronic Medical Record (EMR) software program. Additional documentation (i.e. signed forms, Home Exercise Programs, etc.) may be in paper format, which is also stored in our EMR. Medical information will be released to a third party **only upon signed authorization** from you, the patient, or your guardian. This information will be released in a timely manner.

\* All patients' current financial information needed for billing is kept within pass-coded software programs, available only to the authorized Billing Manager and Practice Owner.

\* SPTW submits all Physical Therapy claims via electronic claim submission, through our Billing Company, BMS Practice Solutions ([www.bmspracticesolutions.com](http://www.bmspracticesolutions.com)).

\* Hard copy Explanation of Benefits (EOB's), if applicable, are scanned into our secure EMR and a paper copy is held for one (1) year, after the account balance is \$-0-. Documents are shredded at the end of each year.

\* Every attempt is made to keep patient medical information private. Phone calls are conducted in private rooms; PT Evaluations & follow up appointments are conducted in private rooms, when possible. Correspondence with other medical providers and/or insurance companies is performed via secure internet communication, confidential fax, secure HIPAA compliant e-mail, or USPS.

\* You have the right to review your medical records, request a copy of your records, or request an amendment to your records. These requests may be made in writing to: Source Physical Therapy & Wellness 200 North Glebe Road, Suite 310 Arlington, VA 22203.

\* Our Physical Therapists are members of the American Physical Therapy Association (APTA) and work diligently to remain current with all HIPAA requirements via websites ([www.hipaa.org](http://www.hipaa.org)), newsletters, on-line education, on-site training, and professional journals.

\* FAILURE TO PAY for the PT Services you receive as agreed upon and as indicated by your signed Financial Policy Statement, may result in a delinquency notice. If payment is not received, your account may be turned over for collections to: TekCollect PO Box 1269 Columbus, OH 43216, Phone 866.625.6500, Website: [www.tekcollect.com](http://www.tekcollect.com)

\* If you have any comments regarding the HIPAA Compliance procedures for our office, you may contact Source Physical Therapy & Wellness (in writing) 200 North Glebe Road, Suite 310 Arlington, VA 22203, or e-mail : [info@sourcephysicaltherapy.com](mailto:info@sourcephysicaltherapy.com)