

**PHYSICAL THERAPY**

**Flexibility, Strength, Balance**

### **Notice of Privacy Practices**

L A R Physical Therapy is required by law to maintain the privacy of “protected health information.” “Protected health information” includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payments for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. L A R Physical Therapy must comply with the provisions of this notice, although L A R Physical Therapy reserves the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information L A R Physical Therapy maintains. You can request a copy of the most current privacy notice at any time.

### **Permitted Uses and Disclosures**

L A R Physical Therapy may disclose your medical record for:

1. Coordination of treatment with other health care providers.
2. Payment of claims by your insurance carrier or third party payer.
3. Family or friends involved in your direct care.
4. Worker’s Compensation benefits coordination and payment.
5. Public Health Authorities to control or prevent disease, injury, disability, deaths, abuse, or neglect.
6. Health oversight by state or federal authorities that monitor health care programs for compliance with government regulation and civil rights law.
7. Lawsuits and Disputes with appropriate subpoena or administrative order.
8. Law Enforcement to aid in the search of criminal or fugitive, or criminal investigation.
9. Coroners, Medical Examiners, and Funeral Directors in order to identify a deceased person, determine cause of death, and to assist funeral directors to carry out their duties.
10. Purposes of National Security authorized by federal authorities for national security activities permissible by law.

***As permitted by applicable law and ethical conduct, L A R Physical Therapy may use and disclose medical information if she believes, in good faith, that such use or disclosure is necessary to prevent serious harm to you and to others. Other uses and disclosures of your protected health information will be made with your authorization, and you reserve the right to refuse such authorization.***

**9160 Rumsey Road, Suite B4  
Columbia, MD 21045  
www.LARPhysicalTherapy.com LAR@LARPT.com**



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### Patient Rights

As a patient of L A R Physical Therapy, you have the right to:

- Request restrictions on the use of your medical information for any of the services listed above, however, L A R Physical Therapy is not required to accept your request
- Request confidential communication of your protected health information.
- Request copies of your medical information to be delivered to other locations. You will be responsible for any expenses incurred for these alternative services, i.e., copying and mailing records return receipt requested.
- Request to view your medical records.
- Request an addition or amendment be made to your medical information, subject to certain restrictions.
- Request a paper copy of the Notice of Privacy Practices.

### L A R Physical Therapy Service's Duties

L A R Physical Therapy is required by law to maintain the privacy of your protected health information, and to provide you with a copy of the Privacy Practices. I am required by law abide by the statements within this Notice of Privacy Practices, effective April 14, 2003. L A R Physical Therapy reserves the right to make any necessary changes and updates to the Privacy Practices, and these new provisions effect all protected health information. Should it be necessary to change the Privacy Practices, and updated Notice of Privacy will be mailed to all current patients of L A R Physical Therapy. Should you have a concern, question, or feel your privacy rights have been violated, please contact Leigh A. Roberts, DPT, OCS at 410-381-1574. You may also file a complaint with the Department of Health and Human Services.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

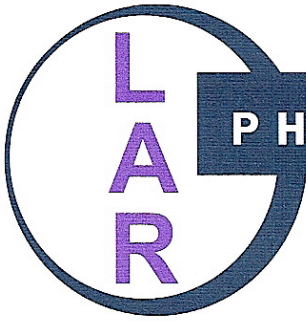
### Consent and Financial Policy

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered. L A R Physical Therapy reserves the right to charge up to \$55 for a missed appointment or a cancellation within 24 hours of the scheduled appointment. I have provided L A R Physical Therapy with accurate demographic and insurance information to the best of my knowledge. I will notify L A R Physical Therapy of any changes in my demographics or insurance coverage while I am a current patient. Signing below also provides consent for treatment; I realize that I have the right to refuse treatment.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

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## **Notice of Pricing, Policy and Procedures for Physical Therapy**

Effective October 1, 2015

**Physical therapy** (PT) sessions scheduled for 60 minutes will include:

50 minutes of one-on-one treatment,  
5 minutes for medical documentation, and  
5 minutes of transition time (cleaning / scheduling / payment)

- PT Evaluation \$190
- PT Treatment \$30/15 minutes
  - \$120 / hour
  - \$90 / 45 minutes
  - \$60 / 30 minutes

Orthotics \$400

Missed appointment or cancellation (PT) less than 24 hours of the scheduled appointment = \$30 charge.

### **Administrative**

- Copies of medical records \$30
- Completion of physician letters \$30
- Returned checks \$30

**If insurance authorization is required additional fees may apply.**

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Signature of Patient or Guardian

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Date