

Welcome to Therapy Works! We would like to thank you for making the decision to include us in your rehabilitative journey. The following is some information many of our patients ask about during their first visit. We hope that you find answers to some of your questions but if not you are always free to give us a call.

WHAT TO EXPECT FROM PHYSICAL THERAPY AT THERAPY WORKS:

After an examination on your first visit your Physical Therapist (PT) will create goals for you to meet throughout your care as well as determine the methods that will be used to meet these goals. Your PT will use a variety of techniques, inclusive of exercises and treatments, to address your needs in order to help you meet your goals. Your PT may even assign “homework” exercises for you to perform on your own at home. Following the plan of care designed by you PT is critical to your rehabilitative success. Changes and updates may be made to your plan of care in order to maintain the path to your goals. Remember: we want you to get better!

Therapy Works utilizes the teamwork approach to provide you with a higher quality treatment plan. Some of your appointments may be scheduled with a different Therapy Works provider during your treatment. All of our therapists are licensed and knowledgeable about your problems; however, if you find that you work well with particular therapist you are more than welcome to request that therapist for your appointments.

After your first treatment your body may be sore. **THIS IS NORMAL.** Your Physical Therapy plan may include exercises that work muscles previously not used before and this may cause discomfort. This does not mean you should stop Physical Therapy. Inform your PT or Patient Representative about any discomforts you may be having before, during, or after your treatment. They can make recommendations on how to solve these issues.

THERAPY WORKS participates in health care education programs. Therefore, as part of their training, students may observe or participate in the delivery of physical therapy treatment. If you have questions or concerns about a student observing your treatment, please let your therapist know.

THERAPY WORKS OFFICE POLICIES

Attendance Policy

Please schedule as much in advance as possible so we can provide you with convenient and consistent appointment times. Feel free to schedule out your full plan of care with our administrative staff. We will provide you a printed schedule of appointments for your convenience.

If you wish to cancel an appointment, please call 24 hours prior so another patient may be scheduled in your place. Missing an appointment without notifying our office will be considered a No-Show. Please note that we reserve the right to discharge patients who have cancelled on no-showed for 3 or more consecutive appointments.

Cellular Phone Policy

Please refrain from using your cell phone either in the waiting room or in any of the treatment areas. If you need to make or receive a call, please step outside the clinic or wait until after your treatment has finished.

Inclement Weather Policy:

It is our intention to be available to our patients every business day. In the event that inclement weather causes a hazard to our patients or staff, it may be necessary to close early, open later, or close entirely. If you are unsure, please call our office to verify your appointment. If the clinic is closed, our staff will attempt to contact each patient by phone.

Children in Clinic:

Children may accompany you in the clinic but need to be supervised and must stay off clinic equipment. By signing THE agreement page, you acknowledge and agree that neither Therapy Works, LLC, nor any of its members, employees or representatives, shall have any responsibility to supervise your children in the clinic, and you agree to release for yourself and your children, Therapy Works, LLC, and its members, employees or representatives from any and all claims of any kind that you or your children may have against any of them at any time hereafter as a result of your children's presence in the clinic or anything arising in connection therewith. Thank you for your understanding and cooperation.

Payment

Payment must be made at the time services are rendered unless arrangements have been previously made with management. For your convenience, we accept checks, cash, debit cards, and all major credit cards. Please be advised that any amount balance on your account over 60 days is due and payable in full by the patient. Accounts unpaid after 90 days will incur a 1.5% monthly charge (18% APR). Accounts that are over 120 days past due may be referred to our collection agency, unless specific arrangements have been made with our billing office.

There will be a \$25.00 fee imposed for all checks returned to this office.

Patients with Insurance	Patients without Insurance
<p>Therapy Works accepts Medicare, Medicaid and all private insurances through VI Equicare. As a courtesy, our staff will verify your insurance plan's physical therapy eligibility and inform you of how much of your balance will be covered. If your plan requires that you pay a copay or co-insurance, we ask that this amount be paid at each visit.</p> <p>Some insurance policies have confusing limitations, caps and restrictions that may be difficult to understand. For these questions you may want to call your insurance company directly. Therapy Works staff will not enter into a dispute with your insurance company regarding your coverage. Insurance carriers impose timely filing restrictions. Therefore, it is important that you provide us with accurate insurance information at the start of each episode of care, as retroactive requests to bill a different carrier may not be successful.</p> <p>Due to varied insurance reimbursement policies with regard to the purchase of supplies, we require payment in full for supplies upon receipt. However, we can provide you with a statement that you can submit to your insurance carrier.</p>	<p>If you have no insurance or limited coverage, or require financial arrangements we ask that you notify our staff immediately so that we may assist you.</p> <p>Patients without insurance are asked to pay in full at the time of each appointment.</p> <p>For those patients who require it, Therapy Works offers payment plans as well as interest free financing. We do this as a service to our patients so the finances do not deter you from obtaining the care that you need. For more information about these plans, please contact us at 340-779-4678.</p>

Assignment of Benefits: By signing the agreement page, you authorize Therapy Works to accept payments of medical benefits for the services provided and assume responsibility for any amount not covered by insurance.

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.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at THERAPY WORKS. We need the record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Federal and State Laws require us to:

- 1) Keep your medical information private.
- 2) Make available to you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- 3) Follow the terms of this notice that is now in effect.

We have the right to:

- 1) Change the Privacy Practices and the terms of the notice at any time, provided that the changes are permitted by law.
- 2) Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.
- 3) Before we make an important change in our privacy practices, we will change the notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

This is how we use and disclose medical information. Note: We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment: We may use and disclose your medical information for your treatment.

Example: You are receiving post-operative rehabilitation for a repaired knee tendon. You are experiencing excessive pain and swelling with therapy sessions.

- *The doctor treating you needs to know about the increased pain.*
- *The medical assistant in the doctor's office needs to relay new symptom information to the doctor and return the doctor's response to us in a timely fashion.*
- *Relaying the information about your symptoms may help in further diagnosing any underlying problem.*

For Payment: We may use and disclose your medical information for payment purposes.

Example: You are receiving rehabilitation services for a repaired knee tendon.

- *We may need to give your health insurance plan information about specific treatments you are receiving from us so that your health plan will pay us or repay you for any treatments provided.*
- *We may also tell your health plan about a treatment or piece of equipment you may receive in order to get prior approval or to determine if your plan will pay for it.*
- *We may utilize a collections agency in the event of non-payment.*

For Health Care Operations: we may use and disclose your medical information for our health care operations.

Examples:

- *Training programs for employees may require use of medical records*
- *Medical records may be required when obtaining certificates, license, or credentials we need to serve you.*

Incidental Disclosures: Although THERAPY WORKS will make every effort to protect your health information, due to the design of our systems and physical structures, the possibility exists for incidental disclosure. The following examples are ways in which (minimal) incidental disclosures might occur:

We may:

Announce your arrival over an intercom system to your clinician.	Call you at home or at your place of work.
Provide rehabilitation services in a public gym or pool setting	Provide rehabilitation services in an open environment
Utilize a large master schedule in order to schedule appointments	Operate a sign-in system
Store medical records in the clinics as well as at an off-site storage facility	Produce and mail newsletters periodically
Leave a message on your answering machine or in voicemail	

ADDITIONAL USES AND DISCLOSURES

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following (specialized) purposes:

<p>Public Health Risks: We may disclose health information about you when necessary to prevent a serious threat to your health and safety of the health and safety of the public or another person.</p> <p>Health Oversight Activities: We may disclose health information to health oversight agency for audits, investigations, inspections, or licensing purposes.</p> <p>Special Governmental Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.</p> <p>Workers' Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.</p> <p>Disaster Preparedness: We may disclose health information to respond in a disaster situation (natural or other) in order to provide maximum safety to our patients and staff.</p> <p>Required by Law: We will disclose health information about you when required to do so by federal, state or local law. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. If you are involved in a lawsuit or dispute, we may also disclose health information about you in response to a court or administrative order.</p> <p>Medical Examiner or Coroner: We may share medical information about a person who has died with a coroner or medical examiner.</p>	<p>Research: We may use and disclose health information about you for research projects that are subject to special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or if researcher will be involved in your care at the clinic.</p> <p>Notification: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the treatment room during treatment or while treatment is discussed.</p> <p>In situations where you are not capable of giving acknowledgement (because you are not present or due to incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only the health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the clinic that your condition has worsened and you are unable to weight-bear. We may further instruct that person in how best to assist you into a car and to transport you to a physician's office or an emergency room for diagnosis and treatment. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, medical supplies or X-rays.</p>
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YOUR INDIVIDUAL RIGHTS:

You have the right to:

- 1) Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure.
- 2) Receive a list of all the times we or our business associates shared your information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- 3) Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of emergency)
- 4) Request that we communicate with you about your medical information by different means or to different locations must be made in writing to our Privacy Officer.
- 5) Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
- 6) Upon admission to our clinic, you will be given a copy of the Privacy Notice.

Questions and Complaints:

If you have any questions about this notice, please ask to speak to our staff at (340)-779-4678. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file a complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

These privacy practices are currently in effect and will remain in effect until further notice.