

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.

If you have any questions about this notice, please contact our Privacy Officer, Kathy Reina.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to make corrections or changes to our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail, by fax or at the time of your next appointment.

Uses and Disclosures of Protected Health Information. We may use and disclose your PHI for treatment, payment and health care operations.

Treatment: We will disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. Example: we would disclose your PHI, as necessary, to the physician or health care professional who referred you to our office. We will also disclose PHI to other physicians who may be treating you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you.

Health Care Operations: We may disclose, as needed, your PHI in order to support the business activities of your physical therapist's practice. These activities may include, but are not limited to, quality assessment activities, employee review activities, training, and conducting other business activities.

Example: we may use a sign-in-sheet at the registration desk where you will be asked to sign your name. We may also call you by name from the waiting area when your physical therapist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party "business associates" that perform various activities (i.e. billing, transcription) for our practice. We may use and disclose your PHI for marketing activities. Example: your name and address may be used to send a newsletter or other information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you at any time.

Others involved in your Healthcare: Unless you object we may disclose your PHI to a family member, a close friend or any other person you identify that is involved in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine, based on professional judgment, that it is in your best interest.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physical therapist will try to obtain consent as soon as reasonably practicable after the delivery of treatment.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Worker's Compensation: Your PHI may be disclosed by us as authorized to comply with Worker's Compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your rights: The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI: This means you may inspect and obtain a copy of your PHI (cost will be \$.75 per page and \$10.00 per hour search fee) that is contained in a designated record set or as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physical therapist and the practice uses for making decisions about you.

You have the right to request a restriction of your PHI: This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not to be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. Your physical therapist is not required to agree to a restriction that you may request. If the PT believes it is in your best interest to permit use and disclosure of your PHI, signed by yourself and witnessed by one of our office staff. This restriction will remain in place until such time you request, in writing and witnessed, that it be removed from your file.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. **You may file a complaint with us by notifying our Privacy Officer of your complaint. You may contact our Privacy officer, Kathy Reina, at (716) 282-2888 or mail to: Privacy Officer, 924 Main Street, Niagara Falls, NY 14301.**

NAME: _____

SIGNATURE: _____

WITNESS: _____

DATE: _____

By signing this form I also consent to the Physical Therapy evaluation and subsequent treatment(s).