



PROVIDER 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.

Uses and disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the US Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact:

Privacy Officer: Linda H. Fuller, PT, PCS:

Address: 873 Route 45 Suite 107 New City, NY 10956

Telephone#: 845-362-7787

Notice of Privacy Practices

Examples of Disclosures for Treatment, Payment and Health Care Operations

1. **Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, your protected health information may be provided to a doctor, or other therapists, to whom you have been referred to or are receiving treatment from, to ensure that they have all the necessary information to treat you.
2. **Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, a bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and procedures used.
3. **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support our business activities. For example, when we review employee performance, quality assurance and outcomes measures we may need to look at what the therapist has documented in your medical record.
4. **Business Associates:** we may share your protected health information with a third party "business associate" that performs various activities (e.g. billing, transcription, accounting services etc.). Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
5. **Marketing:** We may use or disclose certain health information in the course of providing you with information about treatment alternatives, health-related services, or fund-raising. You may contact us to request that those materials not be sent to you.

Written Authorization- Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

Opportunity to object: we may use and disclose your protected health information in the following instances without authorization. You may have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

1. **Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, and your condition (in general terms). All this information, will be disclosed to people that ask for you by name.
2. **Others involved in your healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare.
3. **Communication Barriers:** We may use and disclose your protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

Without opportunity to object- we may and disclose your protected health information in the following situations without your authorization or opportunity to object:

1. **Public Health:** for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.
2. **Health oversight:** Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
3. **Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect or domestic violence.
4. **Legal Proceedings:** in the course of legal proceedings
5. **Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.
6. **Research:** to researchers when their research has been approved by an Institutional Review Board or Privacy Board.
7. **National security:** Preserving national security may also necessitate disclosure of protected health information.
8. **Compliance:** to the Department of Health and Human Services to investigate our compliance.

YOUR RIGHTS

You have the right to:

1. Inspect and copy your protected health information.
2. Request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.
3. Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking your for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
4. Ask us to amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
5. Receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exception, restrictions and limitations.
6. Obtain a copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.