



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.

“**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 or condition and related health care services.

Uses and Disclosures

- **Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, referring for health care from one health care provider to another, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
- **Payment.** Your health information may be used for activities to seek payment from your health plan or from other sources of coverage such as an automobile insurer or workers compensation carrier. This includes things such as organizing PHI and submitting bills to insurance companies (directly or through third party), management of billed claims for services rendered, medical necessity determinations, utilization review and collections of outstanding accounts. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.
 - We will not use or disclose more information than is necessary for payment purposes. “Minimum necessary” is only using the needed information to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to keep secure and protect your health information.
- **Health Care Operations.** Your health information may be used as necessary to support the day-to-day activities and management of Access Physical Therapy & Wellness. For example, information on the services you received may be used for budgeting and financial reporting, obtaining legal services, reviewing employee performance, training programs to ensure our policies and procedures are being met and followed, or processing grievances and complaints.

- **Law Enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.
- **Public Health Reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.
- **Workers Compensation:** Your health information may be disclosed for workers compensation purposes and in compliance with workers compensation laws if services rendered are involved with a workers compensation case.

Information involving you may be released to a family member, other relative or close friend if we obtain verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not object. We may use professional judgement if you are not capable of objecting (if you are not present or in a medical emergency) to release information to a family member, relative or close friend if we believe it is for your best interest. We will use only health information that is relevant to that person's involvement in your care.

Notification in the Case of Breach: We are required by law to notify you in the case of a breach of your PHI when it has been believed to be accessed, acquired or disclosed as a result of a breach.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

- **Appointment Reminders.** Your health information will be used by our staff to send you appointment reminders.
- **Information About Treatments.** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards with respect to the protection of your PHI. We will permit you to exercise individual rights. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to restrict disclosure of PHI to a health plan for payment if you have paid in full for services and items provided in that visit.
- The right to access, inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed in the last six years prior to the date requested
- The right to receive a printed copy of this notice

Access Physical Therapy & Wellness' Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. The changes will be effective immediately and will apply to the PHI we maintain. Any changes will promptly be posted in our facilities and on our website. Our patient's will receive an updated copy of the Notice upon request, at their next visit or by contacting the Privacy officer identified below.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the office or our Privacy Contact below. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

You have the right to complain to us, or the Secretary of the United States Department of Health and Human Services, if you believe your privacy or security rights have been violated. If you have any questions or would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to our Privacy Contact:

**Janet Albanese
16 Maybrook Rd
Campbell Hall, NY 10916**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

**Janet Albanese
16 Maybrook Rd
Campbell Hall, NY 10916
(845) 636-4344**

To complain to the Secretary of Health & Human Services please use the following information:

**U.S. Department of Health & Human Services
Jacob Javits Federal Building
26 Federal Plaza Suite 3312
New York, NY 10278
(800) 368-1019**

Effective Date:

This notice is effective on or after September 10, 2013.