

HIPAA PRIVACY NOTICE

This notice describes the type of information we gather about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information, except when law requires the release. If the practices described in this form meet your expectations, please sign the accompanying receipt. If you prefer that we not share your information, we may honor your written request in certain circumstances described below. If you have questions about this notice, please contact our office manager.

OUR PLEDGE

We understand that medical information about you is personal. Protecting medical information is important. We create a record of the care and services that you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by BrownStone Physical Therapy, whether made by healthcare professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain legal obligations we have regarding the use and disclosure of medical information.

We are required by law to: keep medical information that identifies you; give you notice of our legal duties and privacy practices with respect to medical information about you; and, follow the terms of the notice that is currently in effect.

YOUR INFORMATION

The following categories describe the different ways that we may use and disclose your medical information. It would be impossible to list every disclosure or category; however, the following are the most common:

Treatment: Information about you may be used to provide treatment or services. We have the right to disclose information about you to other healthcare providers, such as doctors, nurses, technicians, and/or other professionals involved in your care.

Payment: Information about you may be used to bill and receive payment for services rendered. Information may also be disclosed to obtain prior approval or insurance coverage determinations.

Health Care Purposes: Information about you may be used to disclose pertinent facts needed to provide you with quality health care.

Others Involved in Your Care: Information about you may be disclosed to a family member/friend whom you have specified will be involved in your care and treatment.

As Required by Law: Information about you will be disclosed when required to do so by law, federal, state or local.

For Your Health and Safety: Information about you may be disclosed when necessary to prevent serious threat to your health or the health and safety of the other people/the public. Any disclosure, however, would be to someone able to prevent that threat.

Workers' Compensation/Other Liabilities: Information about you may be disclosed to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries/illnesses.

Lawsuits/Disputes: Information about you may be disclosed in response to a subpoena, discovery request, or other lawful order from the court.

YOUR RIGHTS

You have the right to inspect and copy medical information that may be used to make decisions in your care. This includes medical and billing records, however, does not include psychotherapy notes. A request to inspect and copy must be submitted in writing. There is a small fee for any records that are copied. We have the right to deny your request to inspect and comply in certain, very limited circumstances. If you are denied access to your medical information, you have the right to have that denial reviewed by another professional at BrownStone Physical Therapy.

Amendments: In the event you feel that medical information about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept. Your request to make an amendment must be in writing.

Accounting of Disclosures: You have the right to request an "Accounting of Disclosures"; this is a list of certain disclosures we have made with regard to your medical information. This request must be in writing.

Right to Restrictions: You have the right to request a restriction of limitations on the medical information that we use or disclose about you for treatment, payment, or healthcare operations. This request must be in writing, and must thoroughly state exactly what the restrictions are and whom they apply to.

Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way, or at a certain location. For example, you can ask that we only contact you at work, or by mail. Confidential communication requests must be made in writing. We will accommodate all reasonable requests. You will not be asked your reason for the request.

Changes to this Notice: BrownStone Physical Therapy reserves the right to change this notice. We reserve the right to make the revised change notice effective for medical information we have about you, as well as any information we receive in the future.

Complaints: If at any time you feel that your privacy rights have been violated, you may file a complaint with BrownStone Physical Therapy, or with the Secretary of the Department of Health and Human Services. To file a complaint with BrownStone Physical Therapy, please contact our office manager. All complaints must be submitted in writing.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.