

# NOTICE OF PRIVACY PRACTICES REGARDING PATIENT HEALTH INFORMATION

WE ARE GIVING YOU THIS NOTICE BECAUSE FEDERAL REGULATIONS (HIPAA) REQUIRE THAT WE ADVISE YOU OF OUR PRIVACY PRACTICES WITH REGARD TO YOUR HEALTH INFORMATION.

OUR PRACTICE HAS ALWAYS BEEN COMMITTED TO MAINTAINING THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION AND WILL CONTINUE TO DO SO. THIS NOTICE DETAILS YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION AND HOW YOU MAY OBTAIN ACCESS TO IT, IF DESIRED. THIS NOTICE ALSO DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SPORTSFOCUS PHYSICAL THERAPY, PC TO CARRY OUT YOUR TREATMENT, OBTAIN PAYMENT, AND TO PERFORM THE HEALTH CARE OPERATIONS OF THE PRACTICE AND FOR OTHER PURPOSES PERMITTED OR REQUIRED BY LAW. PLEASE READ IT CAREFULLY.

## Your Individual Rights

You have certain rights under the HIPAA federal privacy standards. These include:

- ☞ the right to receive a printed copy of this notice
- ☞ the right to inspect and copy your protected health information
- ☞ the right to receive confidential communications concerning your medical condition and treatment
- ☞ the right to amend or submit corrections to your protected health information
- ☞ the right to receive a written accounting of how and to whom your protected health information has been disclosed
- ☞ the right to request restrictions on the use and disclosure of your protected health information

## SportsFocus Physical Therapy, PC 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.

## Uses and Disclosures

**(the examples given are not meant to include all possible types of use and/or disclosure)**

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of physical therapy tests and procedures will be available in your medical record to all health professionals who may provide treatment to you or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. Information may also be given to collection agencies for pursuit of payment in the event you do not pay your charges as required.

**Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of SportsFocus Physical Therapy, PC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Your information may also be provided to a billing or transcription services

**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, if we become required to report certain communicable diseases to the state's public health department.

**Additional uses of information. Appointment reminders.** Your health information may be used by our staff to send you appointment reminders or make telephone reminder/follow-up calls. Our practice utilizes a sign in sheet. Your name may also be called in the waiting room when your appointment is ready or on the public address system if you are needed at the front desk.

Continued.....

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed on the preceding page 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.

**Requests to Inspect Your Protected Health Information**

You may generally inspect or request copies of 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 Gina Cunningham, Office Manager or Fredrick Gill, Business Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. There will be a fee for copied records.

**Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer  
SportsFocus Physical Therapy, PC  
3940 California Rd  
Orchard Park, NY 14127

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 may contact for further information concerning our privacy practices is as shown above.

**Effective Date**

This notice is effective on or after April 14, 2003

**\*\*\*\* Acknowledgement of Receipt of Notice of Privacy Practices \*\*\*\***

As permitted by law, SportsFocus Physical Therapy, PC reserves the right to amend or modify the privacy practices outlined in this notice. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Signature**

I have received a copy of this Notice of Privacy Practices for SportsFocus Physical Therapy, PC.

\_\_\_\_\_  
Name of Patient (print or type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative  
(Required if the patient is a minor or an adult who is unable to sign this form)

\_\_\_\_\_  
Relationship of Patient Representative to Patient