

# NOTICE OF PRIVACY PRACTICES

(Effective April 14, 2003)

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

As one of your health care providers, Colonial Physical Therapy, LLC is required by a federal law, known as the Health Insurance Portability and Accountability Act (HIPAA) of 1996, to maintain the privacy of your medical information and to provide you official notice of our legal duties and privacy practices with respect to such information.

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## USES AND DISCLOSURES

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We originate and maintain records describing your medical history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. The "use" of this information means internal communication between individuals employed or contracted by us who have signed confidentiality agreements. "Disclosure" refers to releasing this information to others outside the clinic.

This is to notify you that we may use or disclose your medical information, without your authorization (permission), in any of the following ways:

1. We are required to disclose your medical information to the Secretary of the Department of Health and Human Services in conjunction with that Department's efforts to investigate compliance with HIPAA.
2. We may use and disclose your medical information to carry out treatment, payment or health care operations. Examples include:

### TREATMENT

Your medical information serves as a basis for planning care and treatment. It is also a means of communication among the many health professionals who contribute to your care. We may disclose your medical information, as we deem necessary, to another physician or other health care practitioner, hospital, surgical care facility, emergency room, nursing facility, laboratory, pharmacy, home health agency, etc. that provides care to you or who may care for you at our request.

### PAYMENT

We will use or disclose your medical information to obtain payment for your health care services. Depending upon your health insurance coverage, this may include disclosure to a health or disability insurance company, employer group health insurance plan, preferred provider organization, managed care company, government-sponsored health plan, repricing center (i.e. Midlands Choice), or health insurance clearinghouse. Your health insurance plan may also require your medical information before it approves or pays for health care services we recommend for you such as: determination of eligibility or coverage for insurance benefits, utilization review activities before authorizing hospitalization or surgery, or reviewing services provided to you for medical necessity.

### HEALTH CARE OPERATIONS

We may use or disclose your medical information to manage and support our office activities. For example we may need to contact you by phone, mail or in person regarding your care and treatment. We will call you by name in the waiting room when your therapist is ready to see you. We will share your medical information with third party "Business Associates" that perform various activities (e.g. bookkeeping) for our office. We have a written agreement with our Business Associates containing terms that will protect the privacy of your medical

information. Other health care operations for which we may use or disclose your medical information include, but are not limited to, licensing, quality assessment activities, employee training/review activities, training of allied health students, and marketing.

3. We may disclose information to provide appointment reminders or changes. When doing so, we will disclose our office name, address, phone number, therapist's name, and appointment date/time on a postcard mailed to you. In addition we may contact you by phone at home or work to remind you of an appointment. If an answering machine receives the call, we will disclose our office name, the physician's name, and the appointment date/time on the machine. If you cannot be reached by phone, we may disclose your appointment to the alternate contact person you listed on our patient information sheet.
4. We may disclose your medical information to the van driver of the nursing facility in which you may reside so that follow-up instructions will be communicated to nursing staff at that facility.
5. We may disclose your medical information to a member of your family, a relative, or a close friend. We may also disclose information to others identified by the therapist, but only if the information directly relates to that person's involvement in your health care, and only if the therapist determines that the disclosure is in your best interest.
6. We may use or disclose your medical information to notify (or assist in notifying) a family member (or personal representative or any other person that is responsible for your care) of your location, general condition or death.
7. We may disclose your medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
8. We may use or disclose your medical information to the extent required by federal or state law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
9. We may also disclose your medical information for law enforcement purposes such as legal processes, limited requests for identification and location purposes, pertaining to victims of a crime, or suspicion that death has occurred as a result of criminal conduct.
10. We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual. You will be notified, as required by law, of any such uses or disclosures.
11. We may disclose your medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
12. We may use or disclose your medical information if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.
13. We may disclose your medical information for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, communicable diseases, injuries, disabilities, or bioterrorism. We may disclose your medical information, if directed by public health authority, to a foreign government agency that is collaborating with the public health authority.
14. We may disclose your medical information, consistent with applicable federal and state laws, if we believe you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.
15. We may disclose your medical information to health oversight agencies for activities authorized by law, such as audits, investigations, and inspections. We may disclose your medical information to the Food and Drug Administration to report adverse events, product defects or problems, or biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

16. We may disclose your medical information 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.
17. We may disclose your medical information to comply with Workers' Compensation laws and other similarly legally established programs.
18. We may disclose your medical information, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veteran Affairs, to foreign military authority if you are a member of that foreign military service, or to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of the United States or others legally authorized.
19. We may disclose your medical information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may disclose your medical information to a funeral director, including in anticipation of death, as authorized by law, in order to permit the funeral director to carry out their duties.
20. Unless you object, your therapist may exchange information regarding your injury with your coach(es) and/or trainer(s).

All other uses and disclosures of your medical information will be made only with your written authorization, unless otherwise permitted or required by law, as herein described. You may revoke such authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

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## INDIVIDUAL RIGHTS

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### RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction on the use and disclosure of your medical information for treatment, payment, or health care operations. However, we are not required to agree and may refuse to treat you with such restrictions. If a restriction is agreed to, it is binding on us. Restrictions may hamper treatment by another provider or payment of your health care services by your insurer. Please inform our Privacy Officer, in writing, of any restrictions you feel are necessary, specifically designating what medical information you want us to refrain from disclosing.

### RIGHT TO CONFIDENTIAL COMMUNICATIONS

You have the right to receive confidential communications. Reasonable requests by individuals to receive communications of confidential information from us by alternative means or at alternative locations may be requested, in writing, to our Privacy Officer and will be accommodated if possible.

### RIGHT TO INSPECT AND COPY

You have the right to inspect your medical information and to obtain a copy, for a reasonable fee, EXCEPT for the following: psychotherapy notes, information compiled in reasonable anticipation of a legal action or proceeding; or information that is subject to a law that prohibits access to medical information. Access may also be denied if:

- we have determined, in the exercise of our professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of you or another person;
- the information makes reference to another person (unless such other person is a health care provider) and we have determined, in the exercise of our professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- the request for access is made by the individual's personal representative and we have determined, in the exercise of our professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

You have the right to contest any denial of access, in writing, to our Privacy Officer.

RIGHT TO REQUEST AMENDMENT

You have the right to amend medical information if you feel it is in error. Demographic information such as address, telephone, insurance information, etc. will be changed at your request; however, for any other information you feel is in error, an amendment may be filed and the original document marked "amended" will be retained. To request an amendment, your request must be in writing to our Privacy Officer. We have the right to deny your request if the information:

- was not created by us;
- is not part of the confidential record;
- would not be available for inspection; or
- is accurate and complete.

You will be advised of such denial. If you disagree with the denial, notify our Privacy Officer in writing. Your therapist has the right of rebuttal, of which you will be advised in writing.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES

You have the right to receive an accounting (list) of disclosures we have made of your medical information. This accounting will exclude disclosures made:

- before April 14, 2003;
- to carry out treatment, payment and health care operations;
- to individuals of confidential information about them;
- with written authorization signed by you;
- for national security or intelligence purposes; or
- to correctional institutions or law enforcement officials.

RIGHT TO RECEIVE A PAPER COPY OF THIS NOTICE

If you have received this notice electronically, you have the right to obtain a paper copy of this Notice upon request.

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PROVISION OF NOTICE OF PRIVACY PRACTICES

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We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all medical information that we maintain. We are required by law to inform you of any changes to this notice. If this notice is revised, a sign will be posted at the reception desk, and the new Notice of Privacy Practices made available for your review at your next appointment.

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COMPLAINTS

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If you do not agree with the contents of this Notice, please inform our Privacy Officer. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We are not permitted to retaliate against you if you file a complaint.

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CONTACT

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For further questions about your privacy rights at Colonial Physical Therapy, contact our Privacy Officer at (732) 615-9622 or by email at: Colonial1672@verizon.net.