

Momentum Physical Therapy of New Paltz, PLLC

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Notice of Privacy Practices

Effective Date: July 1st, 2013

Please review the following notice carefully. This notice describes how health information about you may be used and disclosed and how you can get access to this information.

If you have any questions about any of the following information, please contact us at (845) 416-5369.

WHO WILL FOLLOW THIS NOTICE

This notice describes Momentum Physical Therapy of New Paltz, PLLC, and that of:

- Any health care professional authorized to enter information into your chart.
- Any member of interns, students or observers we allow to help you while you are at our practice.
- All employees, staff and other practice personnel.

OUR COMMITMENT TO YOUR PRIVACY

We understand that medical information about you and your health is personal. We are committed to maintaining the privacy of your health and medical information. In order to provide you with quality care and to comply with certain legal requirements we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of your health and medical information, to provide you with this notice of our legal duties, commitment and privacy practices, to follow the terms of our Notice of Privacy Practices that is currently in effect, and to notify affected individuals of breaches of their unsecured protected health and medical information.

OUR 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 revised policies and practices will be applied to all protected health and medical information that we maintain and will be available at our facility for you upon your request.

HOW WE MAY USE AND DISCLOSE HEALTH AND MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your protected health and medical information without further authorization:

For Treatment: We may use your protected health and medical information to provide you with the appropriate physical therapy services to fit your needs. Our office may disclose your medical information to doctors, nurses, technicians, students, family members, and any additional authorized personnel involved in your care. For example, results of evaluations 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.

For Payment: We may use and disclose your protected health and medical information to obtain payment for the healthcare services provided. Payment will be collected from you, your health plan, or 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, we may need to give your health plan information about your care received so your health plan will reimburse you or pay us for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use your protected health and medical information to support our business practice activities and improve the quality and cost of care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use your health information to contact you at the address and telephone number(s) you provide (including leaving a message at the telephone numbers) about scheduled or cancelled appointments, registration/insurance updates, billing and/or payment matters.

Individuals Involved in Your Care or Payment for Your Care: We may release protected health and medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. This is limited to the information necessary for your care or for payment for your care.

As Required by Law: We will disclose protected health and medical information about you when required to do so by federal, state, or local law. For example, your health information may be disclosed if we are required to report abuse, neglect, domestic violence or certain physical injuries.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health and medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Military and Veterans: If you are a member of the military or a veteran, we may release your protected health and medical information to the proper authorities so that they may carry out their duties under the law.

Worker's Compensation: We may release protected health and medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities: We may disclose protected health and medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Risks: We may disclose your protected health and medical information for public health purposes to individual(s) that are permitted by law to conduct or receive such information. The disclosure will be made for the purpose of controlling disease, injury, or disability to you and/or to others.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health and medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release protected health and medical information if asked to do so by a law enforcement official. For example, we may disclose medical information in response to a court order, subpoena, warrant, summons, or similar process.

Coroners, Funeral Directors and Organ Donations: We may disclose protected health and medical information to a coroner/medical examiner for identification purposes in determining cause of death or for the coroner/medical examiner to perform other duties enforced by law. When authorized by law, we may also disclose protected health information to a funeral director in order to allow the funeral director to carry out his/her duties.

National Security and Intelligence Activities: We may release protected health and medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose protected health and medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: Upon written request to the clinic manager, you have the right to inspect and copy health and medical information that may be used to make decisions about your care. Usually this includes health and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that health and medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing and submitted to the clinic manager. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by this practice
- Is not part of the information, which you would be permitted to inspect and copy
- Is accurate and complete

Any amendment we make to your health and medical information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures: You have the right to request a list accounting for any disclosures of your health and medical information we have made, except for uses and disclosures for treatment, payment, health care operations, and others with your permission as previously described. To request this

list or accounting of disclosures, you must submit your request in writing to the clinic manager. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health and medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health and medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had to your spouse. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the clinic manager. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health and 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. To request confidential communications, you must make your request in writing to the clinic manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the clinic manager.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the clinic manager. All complaints must be submitted in writing. Filing a complaint will not affect the treatment or services you receive.

OTHER USES OF HEALTH AND MEDICAL INFORMATION

Other uses and disclosures of health and/or 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 permission to use or disclose health and/or 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 health and/or 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 to you.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

We will request that you sign a separate form or notice acknowledging that you have received an opportunity to review a copy of this notice as well as a paper copy if requested. If you choose, or are not able to sign, a staff member will sign his/her name and date. This acknowledgement will be filed with your records.