

HUDSON VALLEY ORTHOPAEDIC & SPORTS PHYSICAL THERAPY

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is this Notice and Why it is Important?

This notice is required by law to inform you about your rights regarding your health information, how Hudson Valley Orthopaedic & Sports Physical Therapy (HVOSPT) may use or disclose your health information, and how your health information will be protected. If you have any questions about this notice, please contact the HVOSPT Privacy Officer at (845) 896-5380.

Understanding Your Health Information

A record will be made for each visit to this office for a physical therapy treatment. Typically, this record will contain a description of your symptoms, medical history, examination, any pertinent test results, referring diagnosis, treatment, and a plan of physical therapy care with goals of treatment. This information, often referred as your physical therapy/medical record, serves as:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care.
- Legal documentation of the care you receive.
- Means by which you or a third-party payer (e.g., health insurance company) can verify that services you received were appropriately billed.
- A tool for educating the physical therapy staff.
- A tool with which we can assess and work to improve the care we provide.

Understanding what is in your record and how your health information is used helps you ensure its accuracy; better understand how others may assess and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your physical therapy and billing records kept at HVOSPT.

1. Obtain a copy of this notice. You will receive a copy of this notice, and may request a copy of this notice or any revisions by visiting the facility, mail, or by calling (845) 896-5380.
2. Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
3. Access to your health information. You may request a copy of the health information that HVOSPT keeps in your physical therapy of billing record. Your request must be submitted in writing. We may charge for the cost of copying your record.
4. Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request we correct or add information. Your request must be in writing and must include the reason for the request.
5. Request confidential communications. You may request that, when we communicate with you about your health information, we do so in a specific way (e.g., at a certain address of phone number.) We will make every reasonable effort to act in accordance with your request.
6. Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, or any other purpose except when specifically authorized by you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of the staff at HVOSPT and business associates, provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted in the waiting room and available at the front desk.

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted by law, we will not use or disclose your health information without your authorization. You have the right to revoke such authorization at any time, which would limit future disclosures, but not any that we have already made with your permission.

Examples of Uses and Disclosures

- We will use your health information to facilitate your physical therapy treatment/medical treatment.
- We will use your health information to collect payment for the physical therapy treatment we provide.
- We will use your healthcare information to facilitate routine healthcare operations of the facility.
- We may use your healthcare information to help us educate the physical therapy staff, interns, and volunteers.
- We may use your health information to notify your family about your condition where appropriate.
- Appointment reminders; Worker's Compensation; Law enforcement; Military.
- To avert a serious threat to health or safety.
- Business associates: There are some services provided by HVOSPT through contracts with business associates. Examples include our accountant, lawyer, and computer tech services. When these services are provided by contracted business associates so they may perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

If you believe HVOSPT has not properly protected your privacy, have violated your privacy rights, or disagree with a decision we have made about your rights, you may contact the HVOSPT Privacy Officer at (845) 896-5380.

I acknowledge the receipt of HIPAA Notice of Health Information Privacy Practices.

Check here if you are signing as a patient's parent or legal guardian.

PRINT NAME

SIGNATURE

DATE