

NOTICE of PRIVACY PRACTICES

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.

UNDERSTANDING THE TYPE OF INFORMATION WE HAVE

We receive information about you during your first visit with us, including, your name, date of birth, gender, ways to contact you, social security number, insurance information and other personal information. We also collect information regarding your condition, diagnosis, and treatment. Along with collecting this information from you, we also get enrollment and eligibility status from your health care insurer and medical information from other health care providers.

OUR PRIVACY COMMITMENT TO YOU

The information we collect about you is private. We are required to give you an idea of our privacy practices. Only those individuals who have both the need and the legal right may view your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, and when we are required by law to do so, or for one of the other reasons listed below.

- Treatment: We may use or disclose medical information about you to other healthcare providers who have referred you for services or are involved in your case.
- Payment: We may disclose medical information to your insurance company so payment can be obtained for services rendered.
- Health Care Operations: We may use your medical records to monitor the quality of care being given at our facility or for business planning activities.
- Exceptions: For certain kinds of records, your permission may be required. Even for release of treatment, payment and business operations. We will provide you with authorization and consent forms for your signature in order for us to release certain information.
- Telephone messages: We may contact you via telephone, answering machine or mail to provide you with authorization, referral and billing information including information regarding other services that may be of interest to you. You may request in writing if you do not wish for this information to be left with a person other than yourself via telephone.
- As required by Law and for other Government Functions: We will release information when required to do so by law or for other government functions. Examples of such releases would be for law enforcement, subpoenas or other court orders, for national security purposes, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.
- Public Health and Safety: We may use or disclose information about you as necessary to prevent or reduce a serious threat to the health or safety of another person or the public.
- Family and Friends: We may disclose your information to family members, friends or others you identify to the extent it is relevant to their involvement with your care or payment for care.
- After Death: We may disclose your information to coroners or medical examiners and funeral homes after you are deceased.
- With your permission: If you provide us permission in writing, we may use and disclose your personal information for the purposes you list. If you give us permission, you have the right to change your mind and revoke it, but it must be in writing. We cannot take back and uses or disclosures already made with your permission.

Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable Massachusetts' law. Massachusetts' law provides different protection to your personal health information.

PATIENTS RIGHTS

You have the following rights regarding the health information we have about you. Your requests must be made in writing to us at:

Physical Therapy U, Inc.
75 Scotland Blvd Unit A
Bridgewater, MA 02324

We are committed to ensuring that you receive information regarding your rights as a patient here at Physical Therapy U.

- **Your Right to Inspect and Copy:** You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing.
- **Your Right to Amend:** You have the right to request an amendment to your medical record if you believe your record is inaccurate. This request must be made in writing. If we disagree with you, we may deny your request in writing with the reason for denial.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of certain disclosures made after September 15, 2003. This list will include the times that information was disclosed for treatment, payment, or health care operations. The list will include information provided directly to you or your family, or information that was sent with your permission. It will include information released without your name or other data that would identify you.
- **Your Right to Request Restrictions on Our Use or Disclosures of Information:** You can ask for limits on how your information is used or disclosed. We are not required to agree to such a request, but may if we believe it is reasonable to do so.
- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place.

CHANGES IN THIS NOTICE

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. If the changes are material, a new notice will be posted.

HOW TO USE THE RIGHTS UNDER THIS NOTICE

If you want to exercise your rights under this notice or have any questions regarding our privacy issues, you may call or write to us at:

Physical Therapy U, Inc.
75 Scotland Blvd Unit A
Bridgewater, Ma 02324

Complaints to us if you believe that your privacy rights have been violated or you wish to express your concern regarding non-compliance of our privacy policies and procedures; you may file a complaint by writing to the above address. We will require a written complaint; and may further provide you with an official complaint form that you would need to fill out for our records. You will not be penalized for filing a complaint.

ADDITIONAL INFORMATION

HIPAA is the Health Insurance Portability and Accountability Act of 1996. The revised and updated Privacy Rule portion of HIPAA, including many of the policies described in this notice went into effect September 15, 2003. You may further request the policies and guidelines of HIPAA via the internet. We will keep a copy of the final Standards for Privacy of Individually Identifiable Health Information at our front desk for patients to view at their leisure.

A copy of this Notice of Privacy Policies is posted at our office. You will need to read and acknowledge (via signature) that you have received these privacy policies and procedures. A copy of the acknowledgement will be filed with your medical record.