

SPORTSCARE PHYSICAL THERAPY, PC

NOTICE OF PRIVACY PRACTICES

The purpose of this notice is to describe how your medical information is used, to whom it is disclosed and how you gain access to it.

SportsCare Physical Therapy, PC and John G. Fox, PT as a medical provider is permitted by law to collect, use and disclose your "protected health information" or medical record for the purpose of treatment, payment, internal business operations or as required by law for reporting purposes.

You have certain rights including access to your information and some control over who has access to your information.

SportsCare Physical Therapy, PC agrees to abide by terms of this notice but reserves the right to change the terms at any time. Should we do so, we will notify you in writing.

I. Use and Disclosure of Protected Health Information:

When you sign a consent form to be treated, your protected health information is used to treat you, to bill you or your insurance company for your care and to make decisions on how to provide healthcare services for you, your family and the community we service. Your physician, office staff and others outside of SportsCare Physical Therapy, PC, i.e. your insurer are allowed access to this information. Some examples of uses and disclosures of your protected health information are for:

- * treatment by your doctor
- * appointment reminders
- * payment for your treatment by you or your insurance
- * law enforcement
- * coroners, funeral directors
- * worker's compensation
- * reporting public health risks
- * organ or tissue donation
- * reporting adverse events of medications or medical devices to the FDA
- * SportsCare Physical Therapy, PC to determine if we meet the needs of your patients

II. Your Rights Regarding Your Protected Health Information:

- A. You have the right **to inspect at our office at a mutually agreeable time, and to obtain a copy** of your protected health information for as long as this office maintains your record. We are permitted by NYS law to charge you a fee of \$.75 per page.
- B. You have the right **to restrict or to limit the use of your** protected health information that we use for treatment, payment or operations. You can restrict the release of your health information to family or friends unless they have your written or verbal permission. SportsCare Physical Therapy, PC reserves the right to deny you treatment should you restrict the use of your protected health information for treatment, payment or operations.
- C. You have the right to request **an accounting of disclosures made of your health information**. Your request must be submitted in writing, specifying dates and time periods as far back as 6 years from today, as long as the events in question happened after April 14, 2003.
- D. You have the right **to amend your protected health information**. Your request must be given in writing along with a reason for doing so. Your request can be denied (a) if the information originated outside SportsCare Physical Therapy, PC; (b) if it is outside the information you are entitled to inspect or copy; (c) if the information in the record is correct.
- E. You have the right **to request confidential communications** as long as it is done in writing. For example, you can specify that we only contact you at work, at home or by mail, etc.

If you feel your privacy rights have been violated, you may file a complaint, which will be forwarded to our Compliance Officer.

I, the undersigned, acknowledge that I have received a copy of SportsCare Physical Therapy, PC notice of privacy practices. Should I have any questions about the policy, I will discuss them with the office.

Name

Date