

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

NOTICE OF PRIVACY PRACTICES

OUR COMMITMENT TO YOUR PRIVACY

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our office or otherwise brought to our attention. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the office personnel.

USES AND DISCLOSURES

TREATMENT: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

PAYMENT: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. Lastly, if necessary information may be used for an outside collection agency to collect any balance due to this facility. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

HEALTH CARE OPERATIONS: Your health information may be used as necessary to support the day-to-day activities and management of Rye Physical Therapy & Rehab. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluation and promote quality.

LAW ENFORCEMENT: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

APPOINTMENT REMINDERS: Our practice may use and disclose your personal health information to contact you to remind you of a scheduled or missed appointment.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

ADDITIONAL USES OF INFORMATION: Appointment reminders. Your health information will be used by our staff to confirm your first appointment with this facility.

INFORMATION ABOUT TREATMENTS: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

INDIVIDUAL RIGHTS: You have certain rights under the federal privacy standards. These include:

- * the right to request restrictions on the use and disclosure of your protected health information
- * the right to receive confidential communications concerning your medical condition and treatment
- * the right to inspect and copy your protected health information
- * the right to amend or submit corrections to your protected health information
- * the right to receive an accounting of how and to whom your protected health information has been disclosed
- * the right to receive a printed copy of this notice

DUTIES OF RYE PHYSICAL THERAPY & REHAB.: We are required by law to maintain the privacy of your protected health information to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

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. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION: You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Maryann Romero, Compliance Officer at 914-921-6061. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINTS: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Maryann Romero, Compliance Officer
Rye Physical Therapy & Rehab.
411 Theodore Fremd Avenue
Suite 104 (North Lobby)
Rye, NY 10580

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

EFFECTIVE DATE: This notice is effective on or after January 1, 2003.

**RYE PHYSICAL THERAPY & REHAB.
411 THEODORE FREMD AVENUE
SUITE 104 (NORTH LOBBY)
RYE, NY 10580
PHONE: 914-921-6061 FAX: 914-921-6075**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received and reviewed the Notice of Privacy Practices supplied to me by Rye Physical Therapy & Rehab. in compliance with the Federal Privacy Requirements by HIPAA.

I also verify that upon signing this acknowledgement I have been given a copy to retain for my records.

Lastly, the below stated names are additional individuals that information can be discussed with (i.e., appointments, billing, etc.). If no names are listed below, I realize that I personally am the only one that can discuss any information regarding physical therapy.

Names: _____

Signed by:

Dated:

Print Name:

(REV. 5/14/03)