

Performing Arts Physical Therapy, PC

45 Newbury Street, Suite 208

Boston, MA 02116

(617) 277-1500

<http://www.performingartspt.org>

Detailed Notice of Privacy Practices

Effective April 16, 2009

**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.**

Performing Arts Physical Therapy, PC creates and maintains health care records to provide you with high quality care and to comply with certain legal requirements. We are required to:

- Assure that protected health information that identifies you is kept private.
- Give you this notice of our privacy practices and legal duties related to protecting the privacy of your health information.
- Follow the terms of Notice that is currently in effect.

Permitted use and disclosure of your medical information:

We use your protected health information to provide medical treatment to you, to collect payment for our services, and conduct normal operations in our office. These routine uses of health information are permitted without special permission from you.

Treatment:

Doctors, nurses and other staff involved with your treatment will use your medical information to provide quality treatment. Examples are your doctor may give your name and basic information to other health care professionals who help you such as a specialist.

Payment:

We send bills to you or the responsible party to collect payment for services we provide. We transmit insurance claims to your insurance company through our billing agent. We may utilize a collection agency to collect overdue bills. These activities involve a part of your medical information that is used in a limited way.

Operations:

We may use your medical information for administrative and managerial functions needed to run our office. Examples may be internal audits of quality of care, deciding whether to participate in managed care plans, and offsite storage of records.

Individuals involved with your care:

You may bring someone with you on your visit to the doctor and include him or her in the discussion of your health information if you wish. Family members, relatives, close friends, personal representatives or other persons responsible for your care may be informed of your health information that is directly relevant to their involvement with your care with your consent. Emergency situations may require us to notify the individuals involved with your care of your location, or general condition.

Appointments and information:

We may contact you to provide appointment reminders, provide treatment information and alternatives, or other health related benefits that may be of interest to you.

Marketing:

Use of your private information for marketing purposes is restricted. We will not give out or sell information about you for marketing purposes without written permission.

Unusual disclosures required by law:

There may be unusual situations that allow or require us to disclose your health information to legal authorities and agencies. We will keep a record of these disclosures unless prohibited for specific reasons by the authority or agency. Below is a list of some possible situations that would require us to disclose protected health information about you.

Public health reporting- Public health agencies are authorized to collect health information for the purpose of preventing or controlling disease, injury or disability. Examples include but are not limited to:

- Reporting disease, injury and vital events such as birth or death.
- Public health investigation and interventions.
- Reports of child abuse or neglect to proper authorities.
- Reports to the Food and Drug Administration for purpose of activities related to the quality, safety or effectiveness of FDA regulated products or activities.

Victims or neglect or domestic violence must be reported to proper authorities.

Health oversight agencies may request information to supervise medical practice.

Judicial and administrative proceedings documented by a court order, subpoena, discovery request and other lawful requests may require disclosure of your medical information.

Law enforcement agencies may request protected health information as required by law.

Research purposes- Medical information may be disclosed following approval by proper boards of review for research purposes.

Serious threat to health or safety- Identity and medical information may be disclosed if necessary to prevent or lessen the threat to the health or safety of a person or the public.

Specialized government functions- Military and Veterans activities, national security, intelligence, protective services for the President, medical suitability for Department of State, correctional and other law enforcement custodial functions may require disclosure of protected health information.

Workers compensation review may require disclosure of medical information.

Other uses of medical information:

Other uses and disclosures of your protected health information will only be made with written authorization from you, which may be revoked at a later time.

Your rights:Notice

You have the right to adequate notice of the uses and disclosures of protected health information and can request a copy of this document at any time. In the case of emergency treatment we will make a good faith effort to provide notice of our privacy policies. We will promptly revise this notice whenever there are changes to our policies and practices and make available copies of the revised notice in our office beginning with the new effective date.

Request Restriction

You may request restrictions on normal use and disclosure of your protected health information for treatment, payment or health care operations. A written request must be made describing the restrictions that you want us to make. We are not required to agree to the restriction request. If we do agree to your restriction request we will abide by those restrictions except in the case of emergency treatment requiring use or disclose your information.

Confidential Communication

You may request that we communicate with you at an alternative address or alternative method of contact for confidentiality. We will make reasonable accommodations for that request if you make the request in writing to our address at the beginning of this document.

Inspect and Copy

You may request in writing copies of your protected health information. The fee to cover office expense in providing copies must be paid in advance. We will provide copies within 30 days of your request or provide a written notice explaining the reason we can't make copies of your information.

Request Amendment

You may request in writing that we amend your medical or billing records. Your request should include the specific information that you want changed or corrected. We will notify you writing within 30 days of receiving your request that we have made the changes to your records or give you the reasons for denying the amendment request. We may also notify you of a 30 day delay to collect more information before amending your records.

Request accounting of disclosure

You may request in writing that we provide you a listing of the disclosures we have made of your protected health information. We will provide you with a written report within 60 days of your request, or notify you of our need to extend the time by 30 days with an explanation of the delay. This report will not include normal use of protected health information for treatment, payment or office operations. There may be unusual circumstances where agencies have requested us to temporarily suspend accounting of disclosure to them that we cannot report. We retain records of disclosures for 6 years beginning April 15, 2003. You may request one free report of disclosure per year. Additional reports must be paid for in advance.

There are specific forms to fill out if you want to exercise any of these rights. You may request the forms at the reception desk or by calling 617/277-1500 to talk to Regina Campbell who is the owner/practitioner of this physical therapy office to have the forms mailed or faxed to you.

Changes to this notice:

We reserve the right to make changes to this notice of privacy practices. The revised practices will be implemented as of the effective date on the revised notice and will apply to all medical information whether it was collected before or after the date of revision. The revised notice will be posted in our office and copies will be available at the front desk for review.

Complaints:

You may file a complaint regarding our policies and procedures or report non-compliance with our policies and procedures to Regina Campbell. You may also file a complaint with the Secretary of Health and Human Services. We will not penalize you in any way for filing such a complaint.

If you have any questions about this notice, please contact:

Regina Campbell, Owner/Practitioner
Performing Arts Physical Therapy, PC
575 Boylston Street, 4th floor
Boston, MA 02116
617-277-1500
Fax: 617-927-0808

Sign and Date

Signature of Parent/Legal Guardian, if Patient is a minor, Date