

ADVANTAGE SPORTS MEDICINE & PHYSICAL THERAPY, INC.

245 North Street, Stoneham, MA 02810 Ph: 781-438-7221 Fx: 781-438-7208

Email: advantagesportsmedicine@comcast.net

NOTICE OF PATIENT INFORMATION PRACTICES

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

ADVANTAGE SPORTS MEDICINE & PHYSICAL THERAPY'S LEGAL DUTY

Advantage Sports Medicine & Physical Therapy, Inc. uses your personal health information primarily for treatment; obtaining payment or authorization for treatment; conducting internal administrative activities and evaluating the quality of care we provide. For example, Advantage may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Advantage may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We also provide information when required by law.

Advantage will not use or disclose your personal health information for marketing purposes.

In any other situation, Advantage's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Advantage may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Advantage will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Advantage may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our privacy officer at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Advantage's Health Information Practices, or if you have a complaint, please contact:

Joyce Lockert

Advantage Sports Medicine & Physical Therapy, Inc.

245 North Street, Stoneham, MA 02180

Ph: 781-438-7221 Fx: 781-438-7208

COPIES OF THIS NOTICE ARE AVAILABLE AT THE FRONT DESK

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AUTHORIZATION TO USE AND DISCLOSE PATIENT INFORMATION

As a patient of Advantage Sports Medicine & Physical Therapy, Inc. you have the right to know how we may use and disclose information about you. Information about our disclosures is provided in our Notice of Patient Privacy Practices, and a copy of this notice has been provided to you. You have the right to review our notice before signing this form.

You should read our Notice carefully before signing this form. As our Notice of Privacy Practices explains, we need your authorization to use or disclose information about you for any purpose other than treatment, payment or normal healthcare operations.

1. I authorize the use and disclosure of my protected health information for the following purpose(s):
 - Basis of planning your care and treatment
 - Means of communication among the health professionals participations in your care
 - Legal document describing the care you received
 - Means by which you or a third-party payer can certify that the services billed were actually provided
 - A source of information for public health officials charged with improving the health of the nation
 - A tool with which we can assess and continually work on to improve the care we deliver and the outcomes we achieve
2. I authorize the use and disclosure of the following types of protected health information that may pertain to any health care I have received to date: my entire physical therapy medical record and information related to diagnosis and physical therapy treatment.
3. I authorize my protected health information to be disclosed to my Insurance Company(s), my doctor and/or other healthcare providers, and my Attorney.
4. I HAVE BEEN TOLD THAT INFORMATION OTHERWISE PROTECTED BY LAW AND DISCLOSED UNDER THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE, AND MY NO LONGER BE PROTECTED BY LAW, INCLUDING BUT NOT LIMITED TO PRIVACY REGULATIONS ISSUED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES.
5. I agree that this authorization for use and disclosure of my identifiable health information will be effective from the date I sign this document until this authorization expires or until I revoke this authorization. I understand that I may revoke this Authorization at any time by giving Advantage Sports Medicine & Physical Therapy, Inc. notice in writing at 245 North Street, Stoneham, MA 02180. I also understand that treatment, payment, enrollment in a health plan, of eligibility for certain health benefits cannot be conditioned on my providing this authorization. This authorization will expire 1 year from last visit date.
By signing below I agree that my protected health information may be used or disclosed as described above.

Printed Name of Patient

Date

Signature of Patient or Legally Authorized Representative

Date

Authority of Legally Authorized Representative

Date