

Hayes Physical Therapy, PC
60 Route 25A, Ste 2
East Setauket, NY 11733
(631)246-6072 Fax (631)246-6074

HIPAA 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 CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PHI

Your protected health information may be used and disclosed by your physical therapist, our office staff and others outside of our office that are involved in your case and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the Put's practice and any other use required by law.

TREATMENT

We will use and disclose your protected health information to provide coordinate, or manage your health care and any related services. This includes the coordination or mgmt of your health care with a third party. For example, your PHI may be provided to a physician or other healthcare provider to whom you have been referred to ensure that the physician or provider has the necessary information to diagnose or treat you, and is aware of your current course of treatment and treatment goals.

PAYMENT

Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for PT may require that your relevant PHI be disclosed to the health plan to obtain approval for PT services.

HEALTHCARE OPERATIONS

We may use or disclose, as needed, your PHI in order to support the business activities of your PT's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of PT students, hearings, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the front desk where you will be asked to sign your name and indicate your PT. We may also call you by name in the waiting area. We may use or disclose your PHI to contact you to remind you of your appt, and we may leave a message for you at home, at your office or on your cell phone.

We may use or disclose your PHI in the following situations without your authorization. These situations include; as required by law, Public Health Issues as required by law, Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Directors, and Organ Donation; Criminal Activity. Military Activity and National Security, Workers Compensation, Inmates; Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Dept. of Health and Human Svs to investigate or determine our compliance with the requirements of Section 164.500

Other permitted and Required uses and disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

*Inspect and copy your PHI

Under Federal Law you may not inspect or copy information compelled in reasonable anticipation of or use in a civil, criminal or administrative proceeding and PHI that is subject to law prohibits access to protected health info.

*Request a restriction of your PHI

You may ask us not to use or disclose any part of your PHI. You may also request that your PHI not be disclosed to family. Your request must be in writing and must state the specific restrictions. Your PT may not agree to a restriction if they believe it is in your best interest to permit and use your PHI.

*Request to receive confidential communication for us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice from us.

*You may have the right to have your PT amend your PHI

*To receive an accounting of certain disclosures we have made, if any, to your PHI

*You may complain to us if your privacy rights have been violated by us.

We will not retaliate against you for filing a complaint. You may complain to us or to the Sec. of Health and Human Svs. If you feel your privacy rights have been violated.

We are required by law to maintain the privacy of, and provide individuals with this notice of our official duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Your signature below is only acknowledgment that you have this notice of our privacy practices.

PLEASE SIGN JUST ONCE

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

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