

SOUTHERN TIER PHYSICAL THERAPY OF BINGHAMTON, P.C.

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 IT CAREFULLY.

We respect the privacy of your personal health information and are committed to maintaining the confidentiality of your information. This Notice applies to all information and records related to your care that our facility has received or created. It extends to information received or created by our employees, staff, volunteers and physicians. This Notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information. We are required by law to:

- Maintain the privacy of your protected health information;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information; and
- Abide the terms of the Notice that are currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

We have described uses and disclosures of information of treatment, payment, and health care operations below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment: We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to the facility and non-facility personnel who may be involved in your care, such as physicians, nurses, nurses' aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose personal health information to individuals who will be involved in your care after you leave the facility.

For Payment: We may use and disclose your personal health information so that we can bill and receive payment for treatment and services you receive at the facility. For billing and payment purposes, we may disclose your personal health information to your representative, an insurance or managed care company, Medicare, or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request coverage information for a proposed treatment or service.

For Health Care Operations: We may use and disclose your personal health information for facility operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use personal health information to evaluate our facility services, including the performance of our staff.

WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your personal health information to a family member or close personal friend, including clergy, who is involved in your care.

Public Health Activities: We may disclose your personal health information for public health activities. These activities may include, for example:

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting abuse or neglect;
- Reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or
- For certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect, or Domestic Violence: If we believe that you have been a victim of abuse, neglect, or domestic violence, we may use and disclose your personal health information to notify government authority if required or authorized by law, or if you agree to the report.

Right to Receive Confidential Communication: If you are dissatisfied with the manner or location in which you receive communications related to your health information, you may request that we provide you with such information by alternative means or at an alternative location.

Right of Access to Health Information: You have the right to request; either orally or in writing; your medical or billing records or other written information that may be used to make decisions about your care. If you request copies of the records, we must provide you with copies within two business days of that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

Right to Receive an Accounting of Disclosures of Health Information: You have the right to request that we provide you with a written account of all disclosures of your health information that we have made during a time period you specify (not to exceed 6 years). Please understand that such an accounting will not include information on disclosures:

1. For treatment, payment, or health care operations;
2. To you or your legal representative, or any other individual involved with your care;
3. Incident to a use or disclosure permitted or required by the federal Privacy Rule;
4. Based on your authorization to release information;
5. For national security or intelligence purposes;
6. As part of a limited data set for research, public health or health care operations; and
7. To a health oversight agency or law enforcement official for the period of time that the agency or official asked to have the information not disclosed.

Right to Notice of Privacy Practices: You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.