

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.

West Side Physical Therapy (WSPT) is committed to protecting your privacy. As healthcare providers, we know your trust in us is extremely important. This policy discloses our information use policies and practices in detail. Please read it to learn more about the way that we protect your health information, and to find out how you can limit the information about you that is shared.

Uses and Disclosures of Health Information for Treatment, Payment and Operations

We may use or disclose identifiable health information about you without your authorization for treatment, to obtain payment for treatment, for purposes of health care operations and to evaluate the quality of care you receive.

Treatment: We will use and disclose your health information to provide, coordinate or manage your health care and any related services. For example, we would disclose your health information, as necessary, with your referring physician to coordinate your care.

Payment: Your health information will be used, as needed, to obtain payment for your health services as they are rendered. This may include certain activities that your health care insurance plan may undertake before it approves or pays for the health care services we provide to you, such as making determination of eligibility or coverage, reviewing services provided for medical necessity, and undertaking utilization review activities. For example, we may disclose your health information to your health insurance plan in order to obtain approval for Physical Therapy services.

Healthcare Operations: We may disclose, as needed, your health information in order to perform a variety of administrative activities. These activities include, but are not limited to: training, quality assurance activities and resolution of grievances within our organization. For example, we may use information in your record to evaluate the quality of care provided to you. We may also share necessary information with third party business associates that perform various business activities for us, such as lawyers, collection agencies, accountants and other consultants. To protect the privacy of your health information, we require that our business associates appropriately safeguard your information as well.

Other Permitted and Required Uses and Disclosures:

We will use and disclose your health information without your authorization whenever we are required by law to do so. We may also use or disclose your health information without your authorization for purposes including:

- To state and federal authorities for public health activities, including but not limited to, activities related to investigating diseases, monitoring drugs and devices regulated by the Food and Drug Administration, and monitoring work-related illnesses/injuries.
- To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect or domestic violence.
- To government health oversight agencies, such as the US Department of Health and Human Services, Medicare/Medicaid Peer Review Organizations, state Boards of Medicine, Physical Therapy and other licensing authorities.
- When required by law in a judicial or administrative proceeding.
- To law enforcement officials for certain purposes, including the reporting of certain types of wounds or injuries, or pursuant to legal process to identify or locate a subject, fugitive, material witness, missing person or victim.
- To coroners, medical examiners, or funeral directors for purposes of carrying out their duties as required by law.
- For research approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- When required to avert a serious threat to public health or safety.
- When requested for certain specialized government functions authorized by law, including military and national security and intelligence activities
- As authorized by law in connection with Worker's Compensation programs

Other than the uses described above, we will NOT use or disclose your health information without your written authorization. If you sign a written authorization allowing us to disclose your health information, you may later revoke that authorization in writing. If you revoke your authorization, we will follow your instructions except to the extent that we have already acted upon your written authorization.

We may change our policies at any time. Before we make a significant change in our policies we will change our notice and post a new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Individual Rights

Right to copy of this notice: You have the right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this notice will always be posted in our waiting area.

Right of Access: In most cases you have the right to look at or get a copy of your medical record if you provide us with a written request. We will charge you \$0.75 (seventy five cents) per page for photocopying.

Right to Accounting: You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or health care operations.

Right of Correction and Amendment: If you believe that information in your record is incorrect or if you believe important information is missing, you have the right to request that we correct the existing information or add the missing information. We have the right to deny your request and if we do so we will explain in writing our reason for this. You will have the opportunity to send us a statement explaining why you disagree with our decision and we will share your statement whenever we disclose your health information in the future.

Right to Request Restrictions: You may request in writing that we not use or disclose your information for treatment, payment, and healthcare operations except when specifically authorized by you, or when required by law or in emergency situations. We will consider your request but are not legally required to accept it. If we do agree to your request, we will follow your restrictions. You may cancel your restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation, but we will continue to apply your restriction to any information we received before the cancellation.

Right to request Alternate Method of Contact: You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address. We will agree to abide by any reasonable request for alternative methods of contact. You must provide us with your request in writing.

Complaints

If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access of correction to your records, you may contact the person listed below. You may also send a written complaint to the US Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

If you decide to contact the undersigned person with a complaint, or if you send a written complaint to the US Department of Health and Human Services, you will not suffer any retaliation.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice of our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, contact:

Privacy Officer
West Side Physical & Aquatic Therapy, PC
315 Bridge St.
Syracuse, NY 13209