



Performing Arts Physical Therapy

## **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.*

*IF YOU HAVE ANY QUESTIONS ABOUT THIS POLICY YOU MAY CONTACT OUR PRIVACY OFFICER, CECILIA GALLAGHER.*

### ***PERFORMING ARTS PHYSICAL THERAPY'S LEGAL DUTY***

It is the legal duty of *PERFORMING ARTS PHYSICAL THERAPY* to protect the confidentiality of your personal health information. We are required to provide you with this notice which outlines our policies and procedures.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

*PERFORMING ARTS PHYSICAL THERAPY*, hereafter referred to as the Practice, uses your personal health information (PHI) in order to provide treatment to you, to be able to obtain payment for your treatment, to perform administrative activities within the practice, and for being able to determine the quality of care that is provided to you. PHI is all the personal information that can identify you: your name, address, telephone number, social security number, health policy number, etc. For example, we may use your PHI to call you to remind you about an appointment or to contact your insurance company for payment, speak to your Doctor about your program, or just call you into the treatment area from the waiting room.

The Practice may use your PHI without prior authorization when we are required to do so by law, if there is a public health concern, if you have a communicable disease, if we believe that there is abuse or neglect, for research studies, for legal proceedings, for law enforcement, if a crime occurs in the Practice's office, if an emergency occurs, to funeral directors and coroners, for military activity and national security, and for worker's compensation.

It is policy of *PERFORMING ARTS PHYSICAL THERAPY* to get a signed authorization from you prior to releasing your PHI. You have the right to either agree or object to the release of your information. If you agree and sign a written authorization, you have the right to take back the authorization at a later date if you chose to. If you are not actually present, or unable to agree or disagree to the disclosure of information, the Practice can then use it's professional judgement to decide if the disclosure is in your best interest.

## **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to inspect and ask for a copy of your personal health information at any time. You have the right to ask us to make changes or corrections in your information. The Practice does not have to comply with your request. You have the right to file a disagreement with the Privacy Officer.

You may request a list of all the disclosures that we have made of your PHI after April 14, 2003 for any reason other than for treatment, billing, or administrative activities of the practice.

You also have the right to ask in writing that the Practice not disclose your PHI except when authorized by you, required by law or in the case of an emergency. You may also request that your PHI is not disclosed to family members or friends that may be involved in your care. The Practice will consider all such requests, but is not required to agree or act on them.

You have the right to have confidential information sent to you at an alternative location or by a means other than the postal service.

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

## **CONCERNS AND COMPLAINTS**

If you feel that your privacy rights have been violated at any time or you do not agree with how your PHI is being disclosed, you can contact our Privacy Officer at the address listed below. The Practice will not retaliate against you for filing a complaint. You can also contact the Secretary of Health and Human Services.

**PERFORMING ARTS PHYSICAL THERAPY**  
*CECILIA GALLAGHER*  
*311 West 43<sup>rd</sup> Street, Suite 405, New York City NY 10036*  
*TELEPHONE NUMBER: 212-245-7278*  
*FAX NUMBER: 212-245-7461*

The terms of this notice may change at any time. A copy of the revised notice will be posted in the office in easily accessible areas and will be provided to you upon your request. This notice was published on *April 10, 2003* and becomes effective on April 14, 2003.