

Notice of Privacy Practices

Use of electronic media in the transmission and processing of personal medical information has led the Federal Government to establish guidelines to protect your privacy. A privacy rule established in conjunction with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides you with protection and control of your personal medical information. This privacy rule requires that each patient be provided with a "Privacy Notice" that clearly outlines how medical information may be used and disclosed; who is entitled to this information and how you can access your own personal medical information.

Elite Spine and Extremity Physical Therapy is strongly committed to protecting the privacy of your personal medical information. Please review this information and discuss it with any member of our staff if you have any questions or concerns. A signed original will be maintained in your chart and you will be given a copy for your records. Copies of this document are available upon request and it is posted in our waiting room for public review.

PLEASE REVIEW CAREFULLY AND SIGN AT END OF THIS DOCUMENT

Protected Health Information (PHI) may be disclosed, **without** your authorization, for any of the following:

TREATMENT: We are authorized to disclose medical information when it is related to your medical care. Exchange of information between staff members or disclosure to other healthcare providers responsible for providing, coordinating or managing your health care is permissible. Information may be conveyed by phone, fax, mail, or verbal communication

PAYMENT: We are authorized to disclose medical information to any individual or group responsible for the payment of services rendered by our office or staff. This includes, but is not limited to, insurance carriers, managed care organizations, Workers Compensation representatives, No-Fault Carriers, third party administrators and self-insured employers. Information may be released prior to delivery of care to obtain authorization for treatment and upon completion of care to obtain payment for services.

HEALTH CARE OPERATIONS: Your health information may be used as necessary to support normal operating functions associated in the delivery of Physical Therapy services. These functions may include, but are not limited to, legal services, utilization management, and quality assurance programs.

LAW ENFORCEMENT: Your health information may be disclosed, as required by law, to law enforcement agencies during investigation, identification, or as required for government reporting and inspection.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies that are legally entitled to receive reports for the purpose of preventing or controlling disease, injury, or disability.

WORKERS' COMPENSATION: The HIPAA Privacy Rule does not apply to workers' compensation insurers, administrative agencies, or employers. These groups are entitled to information as required by New York State law. Disclosure of medical information, without authorization, will be limited to the minimum necessary to meet any workers' compensation requirements.

ADDITIONAL USE OF INFORMATION: Your information may be released without prior authorization to a third party group acting as utilization managers for your insurance carrier, or payers for performing quality assurance studies or medical case management.

OTHER USES & DISCLOSURES REQUIRE YOUR AUTHORIZATION: Disclosure of your health information for uses other than those listed above requires your specific written authorization. If you change your mind after authorizing, you may submit a written revocation of the authorization. However, your revocation will not affect or undo any use or disclosure that occurred before you notified us of your decision. Specific guidelines for the release will be addressed on the "Patient Release Authorization".

RESEARCH: Any use of protected health information during the collection, analysis, or publication of data will be done only upon written authorization of the protected individual.

INDIVIDUAL RIGHTS: You have certain rights under federal privacy standards:

- The right to request restrictions on the use and disclosure of your health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your health information
- The right to request an amendment or submit a correction request to your health information
- The right to receive an accounting of how and to whom your health information was disclosed to
- The right to receive a printed copy of this notice

The staff of Elite Spine and Extremity Physical Therapy and individuals and companies acting on their behalf, are required to maintain the privacy of your health information and to provide you with this notice of privacy practices. We reserve the right to amend and modify our privacy statement, as well as the policies associated with patient privacy. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

-You may generally inspect and copy your health information. As permitted by federal regulation, we require that such request must be submitted in writing to the attention of: Dr. Michael Brown or Dr. Joseph Gravino.

-If you would like to submit a comment or complaint about our privacy practices, or you would like additional information, you may submit a letter outlining your concern to: *HIPAA Compliance Officer*, Elite Spine and Extremity Physical Therapy, 2360 Sweet Home rd, Suite 01-02, Amherst, NY, 14228.

-In accordance with Federal Trade Commission requirements, effective August 1, 2009, our practice complies with the Red Flags Rule that is intended to **PROTECT YOU FROM IDENTITY THEFT. We are required to ask our patients to prove their identity by showing a photo ID and answering certain questions that only you or your family members would know when you contact us by phone.** We appreciate your cooperation with our efforts to protect your identity and comply with Federal Regulations.

Patient Signature

Date