

PHYSICAL THERAPY PLUS
NOTICE OF PRIVACY PRACTICES

This notice is a summary of how your protected health information is used and disclosed, and how you can obtain access to this information. Please see the front desk to review a full copy of our Notice of Privacy Practices.

Uses and Disclosures of Health Information

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive from us. Subject to certain requirements, we may be required by law to give out our health information without your authorization for public health purposes, emergencies, or in specific law enforcement circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time, but before we make any significant change in our policies, we will change our notice and post it in the reception area in each of our offices. You can also request a copy of our notice at any time or view it on the company website. For more information about our privacy practices, contact the person listed below.

Rights of Patients

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. Although, your health record is the physical property of Physical Therapy Plus, the information it contains belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the *Notice of Privacy Practices* upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternate locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision made about accessing your records, you may contact Craig Peterson at (315)476-3176.

You may also send a written complaint to the U.S. Department of Health and Human Services. Upon request Craig Peterson can provide you with the appropriate address.

Legal Duty of PT Plus

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice and in our full *Notice of Privacy Practices*. If you have any questions or complaints, please contact:

Craig Peterson, PT
113 Schuyler Street - Suite 5
Fulton, NY 13069
Phone: (315)593-1740