

Elizabeth Weiss, PT, CFMT, FOC
Hudson Valley Manual Physical Therapy

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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.

Elizabeth Weiss, PT, CFMT, FOC's Legal Duty

It is the legal duty of *Elizabeth Weiss, PT, CFMT, FOC*, 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

Elizabeth Weiss, PT, CFMT, FOC, 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, 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 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 *Elizabeth Weiss, PT, CFMT, FOC* 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 choose to. If you are not actually present, or unable to agree or disagree to the disclosure of information, the Practice can then use its professional judgment 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 disagreement with the Practice.

You may request a list of all the disclosures that we have made of your PHI after November 1, 2009 for any reason other than for treatment, billing of 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 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 means other than postal service.

You have the right to obtain a copy of notice.

CONCERNS AND COMPLAINTS

If you feel your privacy and rights have been violated at any time or you do not agree how your PHI is being disclosed, you can contact *The Secretary of Health and Human Services*.

Patient Acknowledgement of Receipt of Privacy Practices Notice

My signature is to acknowledge that I have received and reviewed Hudson Valley Manual Physical Therapy's Notice of Privacy Practices.

Print Name of Patient:

Name (Last) _____ **(First)** _____

Patient Signature: _____ **Date:** _____