

Free Flow Physical Therapy, PLLC

HIPAA 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.

We have a legal responsibility to focus on the privacy and security of your Protected Healthcare Information (PHI). The federally mandated program, Health Insurance Portability & Accountability Act of 1996 (HIPAA), has set standards for the disclosure and protection of individually identifiable health information and any medical records related to those individuals. This Act gives you the right of understanding and controlling how your health information is being disclosed. In compliance with HIPAA, we are notifying you of our responsibilities and how we are required to maintain privacy of your records.

There are many different purposes of disclosing your personal information. Some disclosures require written authorization or consent; others are covered under the rights of HIPAA, after having made good faith efforts to obtain your acknowledgement of receipt of this notice. We may use or disclose your PHI for the following purposes: treatment, payment, and healthcare operations.

- For Treatment – sharing your PHI to provide, coordinate, or manage healthcare and related services with those healthcare providers that are involved in your care. For example, sharing information with your referring doctor regarding a follow-up appointment.
- For Payment – sharing your PHI to obtain reimbursement for services provided to you, confirming coverage with your insurance, billing and collection. For example, sending a bill to your insurance for payment of your visit.
- For Health Care Operations – sharing your PHI to operate our practice, including but not limited to, evaluating and assessing the quality of our services and health care professionals, or conducting improvement activities. We may also share your PHI for insurance related activities, legal services, and auditors to insure our compliance with the laws set before us. For example, an internal quality assessment review.

We are permitted to use or disclose your health information without further authorization from you for the following reasons:

- Required by law
- Required for public health purposes
- To report abuse or neglect
- Required by a health oversight agency for activities authorized by law to monitor the health care system, government programs and compliance with civil rights.
- For judicial and administrative proceedings when required by law
- For law enforcement purposes when required by law to do so
- Required by coroner, medical examiner, or funeral director
- Permitted by law for organ donor purposes
- Permitted by law for research purposes
- To prevent or lessen a serious or imminent threat to the health or safety of a person or the public
- Requested by military authorities if you are a member of the armed forces
- To comply with the laws relating to Workers' Compensation or other similar programs

Free Flow Physical Therapy, PLLC

Where healing and pain relief begin

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NY State law provides additional protection for information regarding HIV/AIDS. We will continue to follow NY State law with respect to such information. We may contact you by mail or phone to remind you of appointments or to provide information about events at Free Flow Physical Therapy. Unless you instruct us otherwise, we may leave a message for you on an answering device or with any person who answers the phone at your residence. Other uses and disclosures will be made only with your written consent and authorization. Should you wish to revoke the authorization at any time, you may do so in writing and the sharing of your PHI will be stopped immediately.

Upon a written request from you, the patient, you are granted the following list of rights regarding your protected health information:

- The right to request limits regarding the disclosure of your PHI, specifically related to the sharing with family members, close friends, or any other person identified by you. We will carefully consider your request but are not legally required to agree to it. If agreed upon, we will abide by the limits you have requested. Restriction requests do not apply to the uses that we are legally required or allowed to make.
- The right to request how PHI is communicated to you by our practice. We will agree to your request if it can be provided in an efficient manner.
- The right to inspect and copy your protected health information. Copies of PHI will be charged to you.
- The right to request a correction or update your PHI. If you should request a change of your PHI, you must do so in writing including a reason for the change being made. We will consider the reason for an amendment, but we are not required to agree to a change.
- The right to request and receive a list of disclosures of any PHI made by our office.
- The right to request and receive a paper copy of this notice at any time.

We are required by law to keep this notice updated to reflect any changes regarding the manner that PHI is disclosed. You may request a revised copy of this notice should it change at any time.

To File a Complaint: If at any time you feel your privacy rights have been violated or you have a complaint about our practice, you may file a written complaint to: Attn: Practice Compliance Director, Free Flow Physical Therapy, PLLC, 209 Foss Dr., Nyack, NY, 10960. Your complaint or concerns will not alter or affect the quality of care provided to you by Free Flow Physical Therapy.

This notice was published and becomes effective on/or before September 1, 2011.

HIPAA Acknowledgement of Receipt of Notice of Privacy Practices
Free Flow Physical Therapy, PLLC
209 Foss Dr.
Nyack, NY 10960 (845) 323-5418

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, hereby understand and acknowledge receipt of
(print name)

Free Flow Physical Therapy PLLC’s Notice of Privacy Practices. Free Flow Physical Therapy, will use or disclose my personal health information (PHI) for the purpose of carrying out treatment, payment, and health care operations. The notice provides detailed information about how my PHI may be disclosed. I understand Free Flow Physical Therapy has reserved a right to change its privacy practices and that any revised copies of the Notice of Privacy Practices are available to me.

I give my consent to Free Flow Physical Therapy to release my PHI as the Notice states. I understand that I may revoke this agreement at any time by providing a written notice of my desire to do so to Free Flow Physical Therapy.

Signature of Patient or Guardian Date

Name of Personal Representative** (if applicable) Relationship to patient

**If you would like someone to make appointments for you or to be allowed to discuss your care with our office, please note their name here.