

Step- By- Step Physical Therapy- Notice of Privacy Practice

Privacy and Confidentiality: This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully. You have the right to every consideration of privacy and confidentiality of all records pertaining to treatment except as otherwise provided by law or third party payment contract. Specific provisions for disclosure include:

- **Permitted Uses:** We may disclose specific relevant health information to individuals when they are directly involved in your treatment, payment for your treatment (such as health plans, worker's compensation, automobile insurers, property or casualty insurers, or billing companies), or for our health care operations (the management of our practice such as quality assurance activities, case management, legal counsel, handling complaints, provider reviews, compliance programs, audits, business planning, development, management, and administrative activities).
- **Organ donation:** If you are an organ donor, we may release information as necessary to facilitate organ donation.
- **Public Health:** We may disclose information about for public health activities (such as control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of product recalls, repairs, or replacements; to notify a person whom may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence when required or authorized by law or your consent.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in certain circumstances (such as in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises, or in emergency circumstances to report a crime or the location and description of a crime, victim, or person who committed the crime).
- **Death Information:** We may release medical information as needed to a coroner, medical examiner, or funeral director.
- **Custody:** If you are under the custody of a law enforcement official, correctional institution, or a government agency or designee, we may release your medical information.
- **Messengers:** We will allow your family and friends to act on your behalf to pick up prescriptions, forms, or information or receive phone messages when, in our professional judgment, it is in your best interest to allow this.
- **Access in the office:** The office providers and staff have access to your complete medical record for the purpose of treatment, payment, and managing our medical care using secure passwords on the computer. Records are shelved in paper charts here in the office. Computer consultants have access to the data on the computers to perform their duties.
- **Coordinated Treatments:** Those involved in your treatment (such as consultants, hospitals, health care professionals, pharmacies, suppliers, and treatment providers at supervised living situations, jobs camps, or schools) will be provided access to your relevant medical information unless you request otherwise.
- **Transmission:** When information is released in good faith to distant entities such as those provided for above through mechanisms such as mail, fax, phone, or e-mail, there is an inherent risk of loss of privacy due to inadvertent human error or failure of the transmitter or receiving destination to maintain privacy. We cannot be held responsible for this lapse in privacy. Similarly, in some circumstances in a small semi-private office, others may inadvertently overhear private conversations; we appreciate your help in identifying these situations so that we can try to keep them rare.

You have the right to request restrictions on our uses and disclosures of protected health information, however we are not required to agree to your request. You may personally inspect or request copies (subject to payment of a reasonable copying charge at our discretion) of your available medical record. We may deny a request for access to protected health information under certain circumstances (such as when we judge that the access is reasonably likely to endanger your life or physical safety or that of another person); you have the right to have our denial review in accordance with the requirements of applicable law. You may request corrections to your medical record, although we may deny your request if the documentation is accurate and complete or was not created by us; any agreed upon correction will be included as an addition to, and not replacement of, already existing records. You have the right to receive an accounting of disclosures of protected health information made to us to individuals or entities not provided for above that occurred after April 14, 2003.

Access to Care: You will be given impartial access to treatment that is medically necessary, regardless of race, creed, sex, national origin, or religion,

Considerate and Respectful Care: You have the right to respectful, dignified, and considerate care at all times. You may request a chaperone, to be present during exams.

Understanding: You have the right to obtain complete current information concerning the diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand. When it is not medically advisable to give information to you, the information shall be made available to the appropriate person on your behalf. You have the right to receive information necessary to give informed consent prior to the start of any non-emergency procedure or treatment.

Refusal of Treatment: You have the right to refuse treatment to the extent permitted by law and to be informed of the anticipated medical consequences of such action. In addition, you have the right to refuse to participate in research; human experimentation affecting care or treatment shall be performed only with your consent. You agree to follow the treatment plan and instructions as agreed upon with your provider, and accept responsibility to consult with us if you become unable.

Denial of Treatment: If you perceive that you have been denied treatment to which you are entitled or you disagree with a prescribed treatment, immediately notify your provider or our office manager.

Charges: Copays and charges are routinely required at the time of service. You have the right to examine and receive an explanation of the bill. Step By Step PT does not guarantee that your insurance will cover any services, test, or referrals, nor do we guarantee the cost of you to these. You assure that the financial obligations of your health care are fulfilled as promptly as possible.

Complaints: You may submit written complaints by letter, in person, or by phone. Our main office address and phone number is: PO Box 412, Warsaw, NY 14569. Our phone # is: 585-786-8700.

Health Care Proxy: You have the right under New York State law to sign a Health Care Proxy that designates an agent of your choice to make treatment decisions on your behalf in the event you are unable to do so. Please make sure that you keep a secured copy of your signed form as well as provide your proxy with a copy.

Information: To the best of your knowledge, you are responsible to provide accurate and complete information about present complaints, past illnesses, allergies, hospitalizations, medications, current insurance coverage, address, phone number, and other matter relating to your health. Report unexpected changes in your condition to the responsible practitioner. Please make it known if you do not clearly understand the contemplated course of action and what is expected of you. You are responsible to accept the results of your action if you refuse treatment or do not follow the practitioner's instructions.

Appointments: When you are unable to keep an appointment, notify us as soon as possible so that we can make the slot available to others. You are responsible to reschedule missed appointments and return for reevaluation if your treatment is not progressing as you or we anticipated.

We reserve the right to change the terms of this notice and make the revised notice effective for all patients and records. You can request a copy of our most current privacy notice form our office. If you believe that your privacy rights have been violated, or if you have any questions about or disagreements with this notice, you should immediately contact our office (585-786-8700). No retaliation will be taken against an individual who files a complaint. You also may file a complaint with the Secretary of Health and Human Services.

Original Effective Date 4/14/03

Most Current Revision Effective Date: 3/29/06