

**Notice of Privacy Policies for
FORM & FUNCTION PHYSICAL THERAPY AND SPORTS MEDICINE
250 Scrabbletown Rd, Unit A
North Kingstown, RI 02852
401-294-6183**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY:

Introduction

At Form & Function Physical Therapy we are committed to protecting your health information. This notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulation.

Understanding your Health Record/Information

Each time you visit Form & Function Physical Therapy; a record of your visit is made. Typically, this record contains your symptoms, examination and test result, diagnosis, treatment and a plan for future care of treatment. This information often referred to as your health or medical record, serve as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professions
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

You

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others

Your Health Information Rights

Although your health record is the physical property of Form & Function Physical Therapy, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices on request
- Inspect and receive a copy of your health records as provided in 45 CFR165.524
- Amend your health record as provided in 45 CFR, 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request at restriction on certain uses and disclosures of your information as provided in 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

Form & Function Physical Therapy is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without authorization, except as described in this notice. We will discontinue to use or disclose your health information after we received a written revocation of this authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have and would like additional information, please let our front office know and they will return your answer as soon as possible. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the COR is listed below:

Offices for Civil Rights
U.S. Dept. of Health and Human Services
200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment

For Example: Information obtained by a physical therapist, an aide or other member of your health care team will be recorded and used to determine the course of treatment that should work best for you. Your physical therapist will document in your records his or her observations and expectations. In that way, the physical therapist will know how you are responding to treatment.

We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in your treatment. This is to include all health care providers in our practice and those assisting in coverage of our practice.

We will use your health information for payment

For Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations

For Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include brace fitting and durable medical equipment consultants.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. We may leave a message on your answering machine or on a voicemail as a means of communication. We may mail you a postcard or written notice as a means of communication. We may email you or use a transcriptionist as a means of communication.

Communication with family: Health professionals using their best judgment may disclose to a family member, or relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your case or payment related to your care.

Research: WE may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Fund Raising: We may contact you as a part of fundraising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respects to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities chartered with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.