

Exceptional Horizons Physical Therapy, PLLC

3102 Route 9
Cold Spring, NY, 10516

NOTICE OF PRIVATE PRACTICE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and our rights concerning your health information. We must follow the private practices that are described in this Notice while it is in effect. This Notice takes effect September 1, 2012 and will remain in effect until we replace it. The Health Insurance Portability & Accountability Act (HIPAA) describes how we may use or disclose your protected health information, with whom that information may be shared and the safeguards we have in place to protect it. This Notice also describes your right to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

THE PRIVACY OF YOUR HEALTH INFORMATION IS VERY
IMPORTANT TO US.
PLEASE REVIEW THIS NOTICE CAREFULLY!

Use and Disclosure of Health Information

We use and disclose health information about your treatment, payment, and healthcare operation.

For example:

Treatment: We may use and disclose your health information to a physician or other healthcare provider providing treatment to you. In emergencies, we will use and disclose your protected information to provide the treatment you require.

Payment: We may use and disclose your health information to obtain payment for services provided to you.

HealthCare Operations: We may use and disclose your health information in connection with our healthCare operations. HealthCare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthCare professionals, billing, evaluating practitioners and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthCare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not effect use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient's Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthCare or payment for your healthCare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthCare. We will also use professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up health related information.

Marketing Health Related Services: We will not use your information or media for marketing communication without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law. We may also disclose health information during any judicial or administrative proceedings, in response to a subpoena, discovery request, or other lawful purposes. We may disclose protected health information for law enforcement purposes, including responses to legal proceedings, information requests for identifications and location, and circumstances pertaining to victims of crimes.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you or your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others involved.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody or protected information of inmates or patients under certain circumstances.

Communicable Diseases: We may disclose your protected health information if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Public Health: We may disclose your protected information to a public health authority who is permitted by law to collect or receive the information in regards to some of the following: preventing or controlling diseases, injury or disability, reported births and deaths, or problems with adaptive products.

Research: We may disclose protected health information to researchers when authorized by law, as approved by institutional review boards that have reviewed the information for research proposals to ensure the privacy of your health information.

Parental Access: State laws concerning minors permit or require certain disclosure of protected information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or if you are treating in another state, the laws of that State) and will make disclosures following such laws.

Appointment Reminders: We may use or disclose health information to provide you with appointment reminders (such as voicemail messages, e-mail, postcards or letters).

Patient's Rights

Access: You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so.

(You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for providing the health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us for a full explanation of our fee structure.)

Disclosure Accounting: You have a right to receive a list of instances in which we or our business associates disclose your health information for purposes other than treatment, payment, health care operations, and certain other activities, for the last 6 years, but not before September 1, 2012. If you request this account more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restrictions: You have a right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we

will abide by our agreement (except for in emergencies).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternate means or at an alternate location. (You must make this request in writing.) Your request must specify the alternate means or location, and provide satisfactory explanation of how payments will be handled under the alternate means or location you requested.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information to have us communicate with you by an alternate location, you may contact us using the contact information at the top of the first page of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with the U.S. Department of Health and Human Services on us.