



## Notice of Privacy Practices

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information is important to us. Please review it carefully. The privacy of your medical information is important to us.

### Our Commitment

Performance Physical Therapy is committed to uphold all professional, ethical and legal standards for safe guarding patients' health information. This notice is provided to you in accordance with federal law, to explain our privacy practices. Federal law requires us to abide by the terms of this notice.

### How We Use and Share your Health Information

When you receive care at Performance Physical Therapy, we use and share health information to treat you, to obtain payment of services and to conduct normal business activities and health care operations. The following describe the ways we may use and share your health information.

**Treatment:** We will share your health information with other health care providers to provide, coordinate and manage your care. For example, your primary physical therapist will share information with assistants and physicians directly involved in your care. All staff at Performance Physical Therapy follows the privacy practices described in this notice.

**Payment:** We may use and share your health information to obtain payment for services we provide to you. For example, we send a bill to your insurance company which identifies you, your diagnosis and treatment procedures.

**Workers' Compensation:** We may use or share health information in connection with claims for workers' compensation benefits.

**Appointments:** We may use or share health information in connection with claims for workers' compensation benefits.

**Family, friends and caregivers:** Unless you object, we may use or share your health information to communicate with another person who is involved in your care.

**Legal Obligations and law enforcement:** We will disclose health information about you when required to do so by federal or state law or as may be required for legal proceedings or for law enforcement.

**Threats to safety and health:** We may share health information with police or others when necessary to avoid harm to the health and safety of you, another person or general public.

**Incidental Disclosures:** Certain incidental disclosure of your health information may occur as a byproduct of lawful and permitted use and disclosure of health information. Such incidental disclosure is permitted as long as we apply reasonable safeguards to protect medical information. For example, another patient may over hear a conversation between you and your physical therapist in the gym area.

Other uses and disclosures of your protected health information will be made only with your written authorizations, unless otherwise permitted or required by law.

### Your Health Information Rights

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

- Request us to restrict the health information we use or share about you for treatment, payment or health care operations. However we are not required to agree to this request.
- A paper copy of this notice upon request.
- View or receive a copy of health information about you that we have. We may charge a fee for copying.
- Ask for amendments if you believe your health information is incorrect or incomplete. You must submit the request in writing and supply the reason. This request maybe denied if applicable laws requires or permits us to deny it if your information is correct and complete.
- Request an accounting, or list of instances in which we disclosed your health information to others. This right is subject to certain exceptions, restrictions and limitations. Such requests must be submitted in writing to the Privacy Officer.
- Request communications of your health information by alternative means or alternative locations. For example, you may ask us to only contact you at work. Such requests must be submitted in writing to the Privacy Officer.

We reserve the right to change our privacy practices and the terms of this notice at any time. Any revised version of this notice will be effective for all health information that we maintain about you at that time, including information created prior to the effective date of the revision. Upon your request we will provide you with a copy of the most up to date version of this notice.

### For More Information, Requests, Questions and Complaints

Please contact our Privacy Officer:

Privacy Officer  
Performance Physical Therapy  
1525 Wampanoag Trail, Suite 205, East Providence, RI 02915  
Phone: (401)433-4049, Fax: (401)433-0612

You also may file a written complaint with the agency in charge of enforcing the federal regulations governing the privacy of health information.

Office of Civil Rights, US Department of Health and Human Services Government Center  
J.F. Kennedy Federal Building- Room 1875, Boston MA 02203  
Phone: (617)565-1340, Fax (617) 565-3809, Email: [OCCRCOMPLAINT@hhs.gov](mailto:OCCRCOMPLAINT@hhs.gov)

You will not be penalized in any way if you choose to file a complaint.