

## **POPT-1000 Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH RECORD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Protecting your privacy is of paramount importance to us, and we have implemented procedures to safeguard the information included in your files.

### **Your Personal and Protected Health Information:**

We may gather personal and health information from you, other health care providers and third-party payers. This information is used for treatment, payment and health care operations. The following describes the ways we may use and disclose your Protected Health Information:

- We may provide PHI about you to health care providers, other practice personnel, or third parties who are involved in the provision, management or coordination of your treatment care.
- We may use or disclose your PHI so that we can collect or make payment for the health care services you receive or are going to receive.
- We may disclose your PHI to any third party you designate in writing.
- We may disclose your PHI if we believe it necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- We may disclose your PHI to a government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will make this disclosure if it is necessary to prevent serious harm to you and other potential victims, you are unable to agree due to your incapacity, you agree to the disclosure, or required by law.
- We may disclose your PHI to a health oversight agency for activities authorized by law.
- We may disclose your PHI as required by a court or administrative order, or under certain circumstances in response to a subpoena, discovery request or other legal process.
- We may release your PHI as necessary to comply with laws relating to Workers' Compensation or similar programs that are established by the law to provide benefits for work-related injuries or illness without regard to fault.
- Your PHI may be disclosed for military and veterans affairs, for national security and intelligence activities, or for correctional activities.
- We may use or disclose your PHI when required by law.
- We may use your name, address, phone number, e-mail, and your records to contact you with appointment reminder calls/emails, newsletters, postcards, greeting cards, information about physical therapy, physical therapy services, or other related information that may be of interest to you.

### **Please note your rights regarding this information:**

1. You are entitled to inspect and receive copies of your records upon written request.
2. You are entitled to make a written request to amend your PHI files or put restrictions on certain uses and disclosure of PHI
3. We accommodate any reasonable request, yet we retain the right to deny inclusion of amendments or use restrictions of our PHI.
4. You have a right to receive all notices in writing
5. You have the right to request that we do not disclose your information to specific individuals, companies, or organizations. Any restrictions should be requested in writing.

### **Tonic Physical Therapy Duties:**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

### **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by a change in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any home/office visit. The revised policies and practices will be applied to all protected health information we maintain.

### **Contact Person**

For further information concerning our privacy practices or if you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Tonya Juge  
Tonic Physical Therapy  
229 East 85<sup>th</sup> Street #G  
New York, NY 10028

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.