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HIPPA NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

Uses and Disclosures

1. Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluation your health, diagnosing medical conditions and providing treatment.

2. Payment. Your health information may be used to seek payment from your health insurance or from other sources of coverage such as an automobile insurer or worker's compensation carrier. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. Also, we may disclose your health information to bill you directly for services and items.

3. Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Central Valley Stream Physical Therapy, PLLC DBA New York Physical Therapy. For example, we may use a sign-in sheet at the front desk where you will be asked to sign your name. We may also call you by name in the waiting room when your therapist is ready to see you.

4. Appointment reminders. Your health information may be used to contact you and remind you of an appointment either by phone, text message, or email.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

The following is a statement of your rights with respect to your PHI:

1. Confidential communications. You have the right to request and receive confidential communications from us by alternative means or at an alternative location as long as it is done in writing. For example, you may ask that we contact you at home, rather than work.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations as long as it is in writing. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. Central Valley Stream Physical Therapy, PLLC reserves the right to deny you treatment should you restrict the use of your PHI for treatment, payment, or operations.

3. Inspection and copies. You have the right to inspect and/or obtain a copy of your PHI. Our practice may charge you a fee of \$.75 per page as permitted by NYS law.

4. Amendment. You have the right to amend your PHI. Your request must be given in writing along with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice.

5. Accounting of disclosures. You have the right to an accounting of disclosures made of your health information. Your request must be submitted in writing, specifying dates and time periods as far back as 6 years from today, as long as the events in question happened after April 14, 2003.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices.

7. Right to file a complaint. If you feel your privacy rights have been violated, you may file a complaint, with our Privacy Officer or to the Secretary of Health and Human Services.

This notice was published and becomes effective on/before April 14, 2003.

**I have received a copy of the Notice of Privacy Practices for Central Valley Stream Physical Therapy, PLLC
DBA New York Physical Therapy**

Name of patient/Guardian (Print)

Signature of Patient/Guardian

Date