

# KATE SCHWARTZ PHYSICAL THERAPY, LLC

187A High Street  
Exeter, NH 03833  
Ph: 603-772-0708  
Fax: 603-772-3491

2299 Woodbury Ave.  
Newington, NH 03801  
Ph: 603-610-2231  
Fax: 603-610-2280

## NOTICE OF PRIVACY PRACTICES

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

This notice takes effect on April 14<sup>th</sup>, 2003 and remains in effect until we replace it. All locations listed above are abiding by this notice.

### 1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use/share medical information about you. We describe your rights and certain duties we have regarding the use/disclosure of medical information.

### 2. YOUR INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- A.) The right to inspect and copy your protected health information. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Privacy Official (contact person listed below). Your request will be reviewed and will generally be approved unless there are legal/medical reasons to deny the request. If you request copies of your records, we will charge you \$ 0.50 per page and postage if you want the copies mailed to you.
- B.) The right to receive confidential communications concerning your medical condition and treatment.
- C.) The right to request restrictions on the use and disclosure of your protected health information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in the case of an emergency). Please contact our Privacy Official listed below.
- D.) The right to amend or submit corrections to your protected health information. We may deny your request if we did not create the information you want changed or for certain other reasons if we do not agree. If we deny your request, we will provide you with a written explanation. To amend your health information, it must be in writing, you may request a form from our Privacy Official, (contact person below). If we accept your request to change your information, we will make reasonable efforts to inform others of the changes and to include the changes in any future sharing of that information.
- E.) The right to receive an accounting of how and to whom your protected health information has been disclosed. You may receive a list of all the time we or our business associates shared your medical information for purposes other than treatment, payment and health care operations and other specified exceptions. The first request in a 12-month period is free of charge but we charge for additional requests within that same 12 month period at a rate of \$ 0.50 per page.
- F.) You have the right to receive a printed copy of this notice.

### 3. USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

This section describes different ways that we use/disclose medical information. Not every use of disclosure will be listed. We have listed the different ways we are permitted to use/disclose information:

**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. For example, results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**PAYMENT:** We may use and disclose your medical information for payment purposes. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, workers compensation, etc. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

**HEALTH CARE OPERATIONS:** Your health information may be used as necessary to support the day to day activities and management of KATE SCHWARTZ PHYSICAL THERAPY,LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality, evaluating the performance of employees, conducting training programs, periodic peer review for audits of charts.

**LAW ENFORCEMENT:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting. To assist law enforcement officials, such as police, in their law enforcement duties including sharing limited health information concerning a suspect, fugitive, missing person or crime witness. Also information about an inmate or other person in lawful custody under certain circumstances.

**PUBLIC HEALTH REPORTING:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department, this also includes injuries or disabilities. Also to legal authorities for information including child abuse and neglect. Also reporting to the Food and Drug Administration problems with products or reactions to medications.

**ADDITIONAL USES OF INFORMATION:** In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes:

- a.) **Appointment reminders.** Your health information will be used by our staff to send/call you for appointment reminders.
- b.) **Information about treatments.** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.
- c.) **Medical information to notify or help notify;** a family member, or another person responsible for your care. We will share information about your location, general condition or death. We will get your permission, if possible before we share or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health care information that is directly necessary for your health care, according to our professional judgment.
- d.) **Court orders and administrative proceedings.** We may share your health information in response to a court or administrative order, subpoena, discovery request or other lawful process.
- e.) **Disaster Relief.** Medical information with a public or private organization who can legally assist in disaster relief efforts.
- f.) **Funeral Director, Medical Examiner, or Coroner.** To help them carry out their duties, we may share the medical information of a person who has died.
- g.) **Specialized Government Functions.** Subject to certain circumstances, we may disclose or use medical information for military personal, intelligence activities or national security for protective services of the President and others, for medical suitability determinations for the Dept. of the State, for correctional institutions and for government programs providing public benefits.

h.) **Victims of Abuse, Neglect or Domestic Violence.** We may disclose medical information to the appropriate authorities if we believe that you are a possible victim of abuse, neglect or domestic violence. We may share medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

i.) **Worker's Compensation.** We may disclose health information when authorized and necessary to comply with laws relating to worker's compensation.

j.) **Health Oversight.** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administration or criminal investigations or proceedings, inspections, disciplinary actions or other authorized actions.

\* **Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.**

## **2. KATE SCHWARTZ PHYSICAL THERAPY'S LEGAL 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 and your rights regarding your medical information. We are required to abide the terms of this notice that is in effect as of April 14<sup>th</sup>, 2003.

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

1. As permitted by law, we reserve the right to amend or modify our privacy policies and practices and the terms of this notice at any time, provided that the changes are permitted by law. These changes in our policies and practices may be required by changes in the federal and state laws and regulations.
2. We can make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

### **Notice of Change to Privacy Practices:**

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.
2. The revised policies and practices will be applied to all protected health information we maintain. Upon request, we will provide you with the most recent revised notice on any office visit.

## **5. COMPLAINTS**

If you would like to submit a comment or complaint about our privacy practices, or if you believe that your privacy rights have been violated, you can do so by requesting a complaint form from our office outlying your concerns to:

**Privacy Official:** Donna Nicoll - Office Manager  
Kate Schwartz Physical Therapy, LLC  
187A High Street  
Exeter, NH 03833  
Ph: 603-772-0708 Fax: 603-772-3491

### **YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT.**

If you are not satisfied with the manner in which KATE SCHWARTZ PHYSICAL THERAPY, LLC handles a complaint, you may submit a formal complaint to the U.S. Secretary of Health and Human Services in Washington, DC.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE OR WOULD LIKE FURTHER INFORMATION CONCERNING OUR PRIVACY PRACTICES, PLEASE CONTACT OUR PRIVACY OFFICIAL LISTED ABOVE.

NOTICE IS EFFECTIVE AS OF APRIL 14<sup>TH</sup>, 2003.