

Notice of Privacy Practices
For
Kate Schwartz Physical Therapy
Patient Handout

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.**

Kate Schwartz Physical Therapy will use and disclose your health information as follows:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we may send relevant portions of your medical record to specialists to whom you are being referred or to whom your provider here may want to consult regarding your medical diagnosis or treatment.

Payment: We will use your health information for payment. For example, your protected health information (PHI) may be disclosed to your insurance company(s) or case manager to obtain approval for a treatment or procedure.

Health Care Operations: We will use your health information to support day-to-day activities and management of Kate Schwartz Physical Therapy. For example, providers, clinical, and/or administrative staff members may assess the information in your medical record in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Business Associates: We provide some services with business associates, who are independent professionals that use patient health information provided by us in order to perform these services. Examples include quality assurance consultants, transcript services, a copy service or a billing service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. We require our business associates to appropriately safeguard your information.

Uses and Disclosures that we may make unless you object: Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Other Uses and Disclosures that we may make without your authorization: Uses and disclosures required by law, public health activities, victims of abuse, neglect or domestic violence, health oversight activities, judicial or administrative proceedings, law enforcement purposes, coroners, funeral directors, medical examiners about descendants, organ donations, research purposes, health and safety, specialized government functions, workers compensation.

Additional Uses of Information:

Appointment reminders: Your health information will be used by our staff to send or leave messages for appointment reminders.

Information about treatments: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Other uses and disclosures require your written authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. You may revoke an authorization. However, your revocation will not affect or undo any use or disclosure of information that has occurred before you notified us or your decision to revoke.

Individual Rights

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

Right to inspect and copy your protected health information