

QUALITY PHYSICAL THERAPY LLC

10 Talcott Notch Road Suite 101
Farmington, CT 06032

NOTICE OF PRIVACY PRACTICES

Effective April 10, 2006

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

The therapists and staff at Quality Physical Therapy LLC are committed to maintaining the confidentiality of your medical and other protected health information (PHI). Protected health information is information about you or that may identify you; relates to your past, present or future health condition; is obtained when you receive services at our practice; or is received from other providers (doctors, hospitals, etc.). Federal law requires us to protect the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to your protected health information. This Notice of Privacy Practices ("Notice") explains how our organization protects and uses your protected health information and your rights with respect to your protected health information when, and after, you receive care from our practice. The privacy practices in this Notice, our organization's privacy policies and procedures, and federal and state privacy laws, must be followed by all members of our staff. Additionally, business associates or partners who have access to protected health information because of the work they do with us must follow these practices, policies and procedures. The Notice (with effective date) will be posted in each of our offices. We are required to abide by the Notice, as currently in effect. We may change this Notice at any time and make the new provisions effective for all protected health information we already have about you as well as any protected health information we create or receive in the future. A revised copy of the Notice will be provided to you upon request. If you have any questions about this Notice or would like further information please call our office at 860-416-0232. In the process of using or disclosing your protected health information we may make incidental disclosures. We will take reasonable steps to limit incidental disclosures.

Your protected health information may be used or disclosed for treatment, payment, healthcare operations, and other purposes without prior authorization.

Quality Physical Therapy often must share your protected health information for treatment, payment, healthcare operations, and other purposes described in this Notice. The law states your PHI may be used or disclosed, without your authorization, in the following ways:

- * By therapists and other staff members to treat you (for example, we may share your medical information with other providers for the purpose of coordinating care).
- * For payment of your healthcare bills (for example, billing information may be sent to your insurance company).
- * To support healthcare operations (for example, to evaluate the performance of our therapists or staff in caring for you).
- * As required by federal, state or local law or other judicial or administrative proceedings.
- * As necessary in emergency treatment situations.
- * For public health activities (including communicable disease reporting, tumor registry, reports of deaths, reporting adverse reactions to medications to the Food and Drug Administration and reports regarding the recall of products.)

- * To make a report to a government authority if we believe that you have been a victim of abuse or neglect, and if the report is either authorized by law or you agree to the report.
- * For health oversight activities (including audits, investigations, inspections, licensure actions or other legal proceedings.)
- * In response to a court or an administrative order, and in certain circumstances, in response to a subpoena, a discovery request, or any other lawful process by another party involved in the action. We will make a reasonable effort to inform you about the request.
- * For certain law enforcement functions, including but not limited to:
 - Reporting certain types of wounds and/or other physical injuries (i.e. gunshot wounds);
 - Reports required by law;
 - Reporting emergencies or suspicious deaths;
 - Complying with a court order, warrant, subpoena (in certain circumstances), or other legal process;
 - Identifying or locating a suspect or missing person, material witness or fugitive;
 - Answering certain requests for information concerning crimes, about the victim of crimes;
 - Reporting and/or answering requests about a death we believe may be the result of a crime;
 - Reporting criminal conduct that took place on our premises; and
 - In emergency situations to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved in the crime.
- * To coroners, medical examiners and funeral directors, as necessary to allow them to carry out their duties.
- * To an organization involved in the donation of organs and tissue, if you are an organ donor, and as needed for the organization to carry out their lawful duties.
- * If necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. We may only make the disclosure to a person or entity that would be able to help lessen or prevent the threatened harm.
- * To appropriate military command authorities, if you are a member of the armed forces or a foreign military.
- * To authorized federal officials conducting national security, counterintelligence, and intelligence activities authorized by law.
- * To authorized federal officials, as needed, to provide protection to the President of the United States, other authorized persons, foreign heads of state or to conduct certain special investigations.
- * To a correctional institution or law enforcement official, if you are an inmate in custody and the disclosure is for one of the following purposes:
 - To enable the correctional institution or law enforcement official to provide you with necessary health care services;
 - To protect your own health and safety;
 - To protect the health and safety of others; and/or
 - For the safety and security of the correctional institution.
- * To comply with laws and regulations relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries and/or illnesses.
- * To inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about: treatments; services; products; other health care providers; special programs; or nutritional services.
- * To contact you to remind you about appointments or reschedule appointments.
- * On our sign-in sheets when you arrive at our office for an appointment. We may also call your name when we are ready to see you.

Use and Disclosure of your protected health information to business associates

Quality Physical Therapy LLC often must share your protected health information with third party business associates that do various activities for our organization (for example collection services). In those instances, we will have a written contract with statements that protect the privacy of your health information.

Use and disclosure of your protected health information for research purposes

In some situations, your protected health information may be used for research purposes without your authorization, provided that the safety and privacy aspects of the research have been reviewed and approved by an institutional review board or a privacy board. We may review your protected health information to see if you are eligible to participate in a research study. All research projects must be reviewed and approved by members of our organization. Except under limited circumstances, we will obtain your approval in writing before we use and disclose your information for approved research projects.

There are other ways we may use or release your information, unless you disagree and let us know that in writing:

- * We may disclose your protected health information to a family member or a close friend or other person you identify who is involved in your medical care or payment for your care.
- * In the event of a disaster, to an organization assisting in disaster relief efforts. Even if you object to such a disclosure, we may share this information if necessary to respond to emergency circumstances.

What are your rights?

You have a right to:

- * Request a copy of or to see protected health information we use to make decisions about your care. If a request is denied, you may have a right to appeal that decision. You may be charged 0.45 cents per page for copies of your medical record plus first class postage. You must make this request in writing.
- * Request that we correct your record if you believe it contains wrong information or if important information is missing. We may deny your request under certain circumstances, in which case you have a right to insert a statement of disagreement into the medical record or to request that a copy of the denial and a copy of the initial request accompany all future disclosures of that protected health information. You must make this request in writing.
- * Request an accounting of when we released your protected health information in response to state, federal or local laws for up to the last six years (after April 10, 2006). Disclosures for treatment, payment or healthcare operations, disclosures to you or pursuant to your authorization, disclosures to persons involved in your care, disclosures of limited data sets, incidental disclosures, disclosures for national security purposes, and disclosures made to a correction or law enforcement official about an inmate in custody are not required to be included in this accounting. If you request an accounting more than once within a 12 month period we may charge you a reasonable fee for the accounting. The first accounting within a 12 month period will be provided at no charge. You must request this list in writing.
- * Request that your protected health information be communicated to you in a confidential manner by using a mailing address that is different from your home address or a telephone number that is different from your home phone number.
- * Request that we not use or disclose protected health information about you to persons involved in your care except when required by law or in an emergency. You must make this request in writing.
- * You may request restrictions on the use and disclosure of your protected health information for treatment, payment and healthcare operations. You must request these restrictions by completing a

form. If Quality Physical Therapy LLC agrees to a reasonable restriction we will comply with your request. We do not have to agree to a requested restriction.

* To authorize in writing the release of other protected information for a purpose not described above. You may revoke your authorization at any time in writing. If you revoke an authorization we will no longer use or disclose your protected health information for the purposes covered by that authorization, except where we have already relied on the authorization.

* You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone.

Use and disclosure of Mental Health, Substance Abuse and HIV-related information

For uses and disclosures of your protected health information related to care for mental health conditions, substance abuse, or HIV-related information, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or if a court orders the disclosure.

* **Mental Health Information:** If needed for your diagnosis or treatment in a mental health program, mental health information may be disclosed as needed between your treatment team members, and very limited information may be disclosed for payment purposes. Otherwise mental health information may not be disclosed without your authorization, except as specifically permitted by state or federal law.

* **HIV-related Information:** HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written authorization.

* **Substance Abuse Treatment:** If you are treated in a substance abuse program, information which could identify you as alcohol or drug-dependant will not be disclosed without your specific authorization except for purposes of treatment or payment required or allowed under state or federal law.

* **Psychotherapy Notes:** A special authorization is required for the disclosure of psychotherapy notes, and special rules may apply which limit the information which is disclosed.

How to File a Complaint

If you believe that your privacy rights have been violated, you have the right to complain to Quality Physical Therapy LLC. All complaints must be in writing and directed to:

**Office Manager
Quality Physical Therapy LLC
10 Talcott Notch Road, Suite 101
Farmington, CT 06032**

There will be no penalty or retaliation against you or any individual for filing a complaint. For more information, call our Office at 860-416-0232

If you wish to file a complaint with the Secretary of the Department of Health and Human Service, Office of Civil Rights you may send a letter to:

**Office of Civil Rights, Region 1
Room 1875, JF Kennedy Federal Building, Government Center,
Boston MA, 02203**