

Function First Physical Therapy, P.C.
119 West 23rd Street, 804
New York, NY 10011
Joseph D. Spallone, P.T.
Privacy Officer: Office Manager
Confidential Compliance Phone (212) 691-4833

NOTICE OF PRIVACY PRACTICE

Effective April 14, 2003

*THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.
PLEASE REVIEW.*

This practice is committed to protecting the privacy and confidentiality of your protected health information. This Notice describes your rights and certain obligations we have regarding our privacy practices and the use and disclosure of your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and that related to your past, present, or future physical or mental health or condition and related health care services.

This Notice describes the privacy practices of Function First Physical Therapy, P.C. This entity, all sites and locations of this entity follow the terms of this notice. In addition, these entities, sites and locations may share protected health information with each other for treatment, payment, or health care operation purposes described herein.

This practice is required by law to protect the privacy of your protected health information to provide you with and to abide by the terms of this Notice as it may be updated from time to time.

The following categories describe different ways that we use and disclose protected health information. While not every use and disclosure in a category will be listed, all of the ways we are permitted to use and disclose information will fall within one of the categories.

The law permits us to use and disclose your protected health information for purposes of healthcare treatment, payment and healthcare operations as described below.

Treatment: *We may use protected health information about you to provide you with medical treatment or services and to coordinate and manage your care and any related services. Protected health information about you may be disclosed to hospitals, nursing facilities, doctors, nurses, technicians, medical students and other personnel who are involved in your health care.*

This would include for example, when your physical therapist consults with a specialist or your primary care physician, regarding your condition or coordinates services you may need, such as lab work and x-rays.

Right to Amend: *If you feel that protected health information that we have about you in a designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right request an amendment for as long as the information is kept by or for us.*

Your request must be making in writing, and you must explain the reasons you believe the information is inaccurate or incomplete for the requested amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;*
- Is not part of the protected health information kept by or for us;*
- Is not part of the information which you would be permitted to inspect and copy; or*
- Is accurate and complete in our opinion.*

If we deny your request for amendment, we will give you a written denial notice, including reasons for the denial and explain to you that you have the right you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical records.

You should submit your written request for amendments to the Privacy Officer listed on this Notice.

Right to an Accounting of Disclosures: *You have the right to request an accounting of certain disclosures. This is a list of the disclosures we made of protected health information about you. We are not required to account for the following disclosures as stated by the law. For example: disclosures made for treatment, payment, or in the process of your health care operation. Disclosures authorized by you or made directly to you or others involved in your health care, disclosures allowed by law when the use and disclosure related to certain government functions or in other law enforcement custodial situations.*

You must submit your request in writing to Privacy Officer Listed on this notice. Your request must state a time period, which may be no longer than 6 years and may not include dates before April 14, 2003.

Your request should indicate in what form you want the list (for example: on paper or electronically) and if readily producible, we will comply.

The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at a time before any costs are incurred.

Right to Request Restrictions: You have the right to request restrictions or limitations on the protected health information we use or disclose about you for treatment, payment or health care operation. You also have the right to request a limit on the protected health information we use or disclose about you to someone who is involved in your care and the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure you had. If for any reason, the restriction or limitation of protected health information results in non-payment, denial of claim, you will be financially responsible for payment of all services rendered to you associated with requested restrictions or limitation.

We are not required to agree to your request. If we do agree we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing, to the Privacy Officer listed on this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) To whom you want the limits to apply (for example, disclosure to your spouse).

Right to request confidential communications: You can request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must make your request in writing to the Privacy Officer listed in this Notice we will not ask you the reason for this request. We will accommodate all reasonable requests submitted in writing which must specify how or where you wish to be contacted.

Right to a paper copy of this notice: You have the right to a paper copy of this notice you may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this

Note electronically, you are still entitled to a paper copy of this Notice.

To obtain a copy of this Notice contact the Privacy Officer listed on the first page of this Notice.

Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV Related Information.

Under Connecticut or Federal Law, additional restrictions may apply to disclosure of health information that relates to care for psychiatric conditions, substance abuse or HIV related testing and treatment. This information may not be disclosed without your specific written permission, except as may be specifically required or Permitted by New York/ Federal Law. The following examples of disclosures may be made without your specific written permission. We reserve the right to change the terms of this notice to make the new provisions of the notice effective for all protected health information we maintain. A current copy of the notice should be posted in this practice's main office.

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer listed on this Notice of Privacy or with the secretary of the Department of Human Services. All complaints must be in writing and forwarded to the Privacy Officer listed on the first page of this notice. To file a complaint with the government you may contact:

Payment: We may use and disclose protected health information about you so that we can bill and receive payment for the treatment and services you receive from us. For billing and payment purposes we may disclose your protected health information to an insurance company, Medicare, Medicaid or any other third party payer. We may also disclose information to other healthcare providers to assist them in obtaining payment for services they have provided to you. We may give your health plan information about you before it pays for the health care services we recommend for you. Such as: making a determination of eligibility or coverage for insurance benefits, pre-authorization for services as required by your health plan. We may disclose information about you for reviewing of services provided to you for medical necessity and undertaking utilization review activities.

Health Care Operations: We may use and disclose protected health information about you in a number of different ways related to how we run our practice. These uses and disclosures are necessary to run our practice and ensure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our providers in caring for you. We may also disclose information to doctors, nurses, technicians, and medical students for review and learning purposes. Information may also be disclosed for activities relating to protocol development, case management and care coordination, reviewing qualifications of physicians, clinical trials and conducting or arranging for other business operations of our practice. We may disclose information as it relates to health care operations when we leave messages on your answering machine or at your place of employment when the contact phone number or name is given as a method of reaching you. We may call you by name when you are in our practice. We may disclose information to computer technology and support technicians. If we share office space with other health care providers, we may disclose information when we call your name or store your information at a shared location

We disclose your protected health information with third party "Business Associates" that perform various activities (e.g., billing, transcription services, answering services, attorney/legal services, consultants or accountants, risk managers) for this practice.

Whenever an arrangement with a business associate involves the use and disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Other Uses and Disclosures we may make without your Written Authorization.

Under the law, we may use and disclose your protected health care information for which you do not have to give authorization or otherwise have the opportunity to agree or object. "Disclosure" refers to the provision of information by us to parties outside of our practice.

We may make the following uses and disclosures of your protected health information without a written authorization from you in situations such as:

Appointment reminders/ Sign in Sheets: We may use and disclose protected health information to contact you as a reminder that you have an appointment or to see your physical therapist or due to schedule follow up appointments. We may display photo images, which you have sent us, such as birth announcements, greeting cards, any of which may have your name or the names and images of other members of your family.

Individuals Involved in Your Care or Payment for Your Care: We may disclose to one of your family members, to a relative, to your close personal friend or to any other person identified by you, protected health information directly relevant to the person's involvement with your care or payment related to your care. In addition we may disclose protected health information about you to notify, identify, or locate a member of your family, your personal representative, another person responsible for your care or certain disaster relief agencies of your location, general condition or death. In the case of a communication barrier, we may disclose your protected health information to an interpreter.

Emergencies/ Disaster Relief: We may use or disclose your protected health information about you to a public or private agency (like American Red Cross) for emergencies or disaster relief purposes. Even if you object we may still share information about you, if necessary for emergency circumstances.

Research/ Stem Cell Research: Under certain circumstances we may use and disclose protected health information about you for research purposes. For example, a research a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another, for the same condition. All research projects however are subject to a special approval process. We will almost always ask for your specific permission if the research will have access to your name, address or other information that reveals who you are, or will be involved in your care.

As Required by Law: We will disclose protected health information about you when required to do so by federal, state, or local law. The use and disclosure will be made in compliance with the law, and will be limited and relevant to the requirements of the law. We will make a reasonable effort to inform you of the request.

To Avert a Serious Threat of Health or Safety: We may use and disclose PHI about you when necessary to prevent a serious threat of health or safety, or the health and safety of the public, or another person. The disclosure however would only be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authorities,

National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence counter intelligence and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose PHI about you to authorize federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or foreign heads of state or conduct special investigation.

Inmate: If you an inmate of a correctional institution or under the custody of a law enforcement official. We may release PHI about you to the correctional institution or law enforcement officials. This release would be (1) for the institution to provide you with health care, (2) to protect your health and safety, and the health and safety of others, (3) for the safety and security of the correctional institution.

Worker's Compensation: We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose PHI about you for public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease injury or disability. We may disclose your PHI if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections, and licensure. The activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

Communicable Disease: We may disclose your PHI , if authorized by law, to a person who may have been exposed to a communicable disease or may or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your PHI to a health authority that is authorized by law to receive reports of children abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this the disclosure will be made consistent with the requirements of applicable state and federal laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the food and drug administration to report adverse events, products defects or problems, biologic products deviation, track products, to enable products recalls, to make repairs or replacements or to conduct post-marketing surveillance, as required.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in

response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request, or to obtain an order protecting the information requested.

Law Enforcement: We may disclose your PHI for certain law enforcement including, but not limited to:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate suspect, fugitive, material witness, or missing person;
- About the victim of a crime if under certain limited circumstances, we are unable to obtain a persons agreement;
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at the hospital and;
- In emergency circumstances to report a crime, the location of the crime and victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors, Organ/Tissue Donation Organizations: We may release PHI to a coroner or medical examiner. This may be necessary, for example to identify a diseased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties. If you are an organ donor we may release protected health information to organizations that handle the procurement of an organ, eye, or tissue to an organ donation bank.

Under any circumstances other than the ones listed above, we will request that you provide us with a written and signed authorization allowing us to disclose your PHI to anyone. If you sign an authorization allowing us to disclose PHI about you, in a specific situation, you can later revoke (cancel) your authorization in writing. If you cancel your authorization we will not disclose your PHI after we receive your cancellation, except for disclosures which were already being processed or made before we received your cancellation.

You have the following right regarding your PHI: Right to Inspect and Copy: **Upon a written request you have the right to inspect and obtain a copy of your Protected Health Information that may be used to make decisions about your care that is contained in a designated record set for as long as we maintain the PHI.** A "designated record set" contains medical or billing records and other records that we use to make decisions about you. Under Federal Law, however, you may not inspect the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be revisable.

COMPLAINTS

You will not be penalized for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer listed on this Notice of Privacy or with the secretary of the Department of Human Services. All complaints must be in writing and forwarded to the Privacy Officer listed on the first page of this notice. To file a complaint with the government you may contact:

Function First Physical Therapy, P.C.

119 West 23rd Street, Suite 804

New York, NY 10011

Joseph D. Spallone

P.T., O.C.S., A.T.C., C.F.M.T.

To inspect and or obtain a copy of your protected health information that may be used to make decisions about you, you must submit your request in writing detailing what information you want to inspect or copy to the to the Privacy Officer listed on this note. If you request a copy of the information, we may charge a reasonable fee as allowed by the Connecticut law for cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.