



Buffalo Back & Neck Physical Therapy, P.C.

1060 Niagara Falls Blvd. Suite 5 Tonawanda, NY 14150
Phone: 716-836-2225 Fax: 716-836-2712

HIPPA NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read it carefully. The privacy of your health information is important to us.

If you have any questions about this notice please contact Matthew C. Smith, PT at 716-836-2225.

Our pledge regarding health information:

We understand that health information about you your healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services that you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Buffalo Back & Neck Physical Therapy, P.C., whether made by your physical therapist or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations that we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice that is currently in effect.

How we may use and disclose health information about you

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: we may use or disclose your health information to provide you with healthcare treatment or services. We may disclose health information about you to doctors, nurses, physicians assistance, technicians, health care students, or other personnel involved in your care.

Payment: we may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or other third party.

Healthcare operations: we may use and disclose health care information about you for operations of our healthcare practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. Other healthcare operations include quality assessment and in treatment activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, work credentialing activities.

Your authorization: in addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it to us in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, you cannot use or disclose your health information for any reason except those described in this notice.

To your family or friends: we may disclose your health information to a family member, friend or other person to the extent necessary to help you with your health care or other payment for your healthcare and only if you agree that we may do so.

Required by law: we will disclose health information about you when required to do so by federal, state, or local law.

To avert a serious threat to health and safety: we may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any 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 or separated/discharged from the military service, we may release health information about you as required by military command authorities or the Department of Veterans Affairs.

Workers compensation: we may release health information about you for workers compensation or similar programs.

Lawsuits and disputes: we may disclose health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law enforcement: we may release health information about you if asked to do so by a law enforcement official.

National security: we may release health information about you to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose health information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Your rights regarding health information about you

You have the following rights regarding health information about you

Inspect and copy: you have the right to inspect and copy health information that may be used to make decisions about your care. This usually includes health and billing records. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Matthew C. Smith, PT. If you request a copy of the information, we will charge you \$.75 per page as allowed by New York State law. Full payment must be made prior to obtaining any copies.

Write to amend: if you feel that health information we have obtained about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment your request must be made in writing to Matthew C. Smith, PT, and must be contained on one page of paper legibly handwritten or typed in at least 10 point size. In addition you must provide a reason for the amendment area we may deny your request under certain circumstances as allowed or indicated by law.

Accounting of disclosures: you have the right to request a list accounting for any disclosures of your health information we have made except for uses and disclosures for treatment, payment, and healthcare operations, as previously described. You must submit your request in writing to Matthew C. Smith, PT. Your request must state a time. Not longer than six years and may not include dates before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable fee.

Request restrictions: you have the right to request a restriction or limitation on the health information we use or disclose about your treatment, payment, or healthcare operations. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact they care we may provide you. Request must be made in writing to Matthew C. Smith, PT.

Confidential communication: you have the right to request that we communicate with you about health matters in a certain way or at a certain location. You must make your request in writing to Matthew C. Smith, PT.

Complaints: if you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Matthew C. Smith, PT. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Changes to this notice: we reserve the right to change this notice and to make the revised or changed noticed effective for health information we already have about you as well as any information we receive in the future. We will post a current copy of the current notice in our facility.

Acknowledgment of receipt of this notice: we will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose or are unable to sign, a staff member will sign their name and date. This acknowledgment will be filed with your records.