



## 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.

### OUR LEGAL RESPONSIBILITY

We are required by federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the notice while it is in effect. This notice takes effect April 14, 2003 and remains in effect until we replace it.

We reserve the right to update this notice if required by law. If we do update this notice, you will receive a revised notice when you next seek treatment from us.

### USES AND DISCLOSES OF HEALTH INFORMATION

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

- a) **Treatment:** We may use and disclose your health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians, other physical therapists, and schools.
- b) **Payment:** we may use and disclose your health information to your insurance company, including Medicare and Medicaid, so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.
- c) **Health Care Operations:** We may use and disclose your health records to monitor the quality of care being given at our facility.
- d) **Family, friends, or other people involved in your care:** We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, but only if you agree that we may do so. We may use and disclose your health information in an emergency situation when you may not be able to express yourself.
- e) **Research:** We may use or disclose health information about you for research purposes if we are provided with very specific assurances that your privacy will be protected.
- f) **Abuse and neglect:** We may use or disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim on abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

g) **Required by law:** We may use or disclose your health information when we are required to do so by law. We may also release information about you for worker's compensation or other similar programs that provide benefits for work-related injury or illness. Your authorization is required before your health information may be used or disclosed by us for other purposes.

h) **Other special uses:** We may use or disclose your health information to send you an appointment reminder (such as voicemail, messages, postcards, or letters) or to inform you of our other health-related products and services.

i) **Military:** We may disclose your health information to military authorities when it is determined to be necessary by the appropriate military command authorities.

## **PATIENT RIGHTS**

**Access:** You have the right to request a copy of your medical records. You must make this request in writing. We may charge a fee to cover the costs of copying and mailing your records.

**Confidential Communication:** You have the right to request confidential communication from us at a location of your choosing. You must make this request in writing.

**Amendment:** You have the right to request an amendment to be made to your health information if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree that will become part of your record. We may not amend part of your health information that we did not create.

**Restriction:** You have the right to request restrictions on how your health information is used; however, we are not required to agree with your request. If we do agree, we must abide by your request.

**Accounting of disclosures:** After April 14, 2003, you have the right to request a list of instances in which we disclosed your health purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a cost-based fee for responding to these additional requests.

**Complaints:** If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services.

**Privacy Contact:** If you would like more information about our privacy practices or to file a complaint you may contact:

Craig Goldstein  
Cheshire Fitness Zone  
382 South Main Street  
Cheshire, CT 06410