

ALBANY PHYSICAL THERAPY

NOTICE OF PATIENT PRIVACY PRACTICES

ALBANY PHYSICAL THERAPY'S LEGAL DUTY

Your privacy and personal health information is important to Albany Physical Therapy and is protected by law. All of Albany Physical Therapy employees, officers, contractors, volunteers, and relevant business associates are required to follow the practices laid out in this notice. This notice is required to be made available to all patients. It is posted in the waiting room at all times and a copy is available to patients upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

- **Provide treatment & obtain payment:** information shared with our staff, volunteers, medical students, doctors, or other medical personnel, to provide quality treatment and billing. Information on your diagnosis, dates, and treatment shared with your insurance company to process authorizations, claims, and receive payment. Includes individuals involved in your care or responsible for authorization or payment for your care. We may release your medical information to a family member or other individual involved in your medical care. We may also give information to people who help pay for your care unless you request otherwise in writing.
- **For internal administrative activities:** conducting internal administrative activities and evaluating the quality of care that we provide, when working with relevant vendors or business associates (e.g. software updates, etc).
- **For appointments:** we may contact you by phone, voice mail, text, or email to remind you of your appointment, or re-schedule an appointment.
- **When required by law:** when required by Federal, state or local laws. Including court administrative orders for records for lawsuits and disputes, required reporting to the governmental health agencies, and information on suspected physical and/or sexual abuse including elder abuse.
- **Clinician Communication:** we may contact you to check in with you on your progress.
- **Marketing:** You may be contacted about treatment and health alternatives that may be of interest to you or to inform you of updates to our facility or new products and services offered. Albany Physical Therapy will not sell your information. Selling protected health information requires your individual authorization and is not practiced by Albany PT.
- **In an emergency:** in emergencies when needed to prevent a serious threat to your health or safety or the health and safety of other individuals. Disclosure would be confined to only those needing the information to prevent the threat.

In any other situation not described in this Notice, Albany Physical Therapy must obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

PATIENT'S INDIVIDUAL RIGHTS:

- You have the right to review or obtain a physical or digital copy of your personal health information at any time. There may be a fee for the costs of copying, mailing, and any other supplies associated with your request.
- You have the right to request that we correct any inaccurate or incomplete information in your records.
- You have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.
- You may request a restriction or limitation on the medical information we use or disclose about your treatment, payment or health care operations except when specifically authorized by you, when required by law or in emergency circumstances. Albany Physical Therapy will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.
- You also may request that we communicate with you about medical matters in a certain way or location such as by mail or on a certain phone number. We will try to accommodate all reasonable written requests.
- You have the right to restrict disclosures of Protected Health Information to health plans where you pay out of pocket in full for the healthcare item or service.
- Affected individuals will receive notification following a breach of unsecured Protected Health Information.

CHANGES TO THIS NOTICE: Albany Physical Therapy may change its policy at any time. When changes are made, a new Notice of Patient Privacy Practices will be posted in the waiting room and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

CONCERNS AND COMPLAINTS: If you have any questions about this notice or if you are concerned that Albany Physical Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information or if you have a complaint, please contact the Privacy Officer at (510) 526-2353. You may also send a written complaint to the U.S. Department of Health and Human Services.