



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. THIS NOTICE TAKES EFFECT ON 4/13/03.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive in our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We will also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.
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The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing us at the address provided at the end of this notice.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, physical therapy students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you. We may use a patient sign-in sheet in the waiting room that is accessible to all patients. We may call you by name in the waiting room. We may contact you to provide appointment reminders. We may mail you correspondence with our practice name and return address.

FOR PAYMENT: We may use and disclose your medical information for payment purposes. A bill may be sent to you or your insurance company. The information on or accompanying the bill may include your medical information. Sharing information with your health insurer to determine insurance benefits or authorize treatment.

FOR HEALTHCARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

NOTIFICATION: We may use and disclose medical information to notify or help notify: a family member, your personal representative, or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health

information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

As Required By Law: We may disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuses, 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.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counter intelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use and disclose medical information for purposes of reminding you of your appointments.

YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. **Look at or get copies of your health information.** You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by contacting our office. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge you \$.25 for each page and postage if you want the copies mailed to you. Contact us using the information listed at the end of the Notice for a full explanation of our fee structure.
2. **Receive a list of all the times we shared your medical information for purposes other than treatment, payment, and health care operations and other specified exclusions, for the last 6 years but not before April 14, 2003.** If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
3. **Request that we place additional restrictions on our use or disclosure of your medical information.** We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. **Request that we communicate with you about your medical information by alternative means or to alternative locations.** You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
5. **You have the right to request that we amend your health information.** Your request must be made in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. **If you have received this notice electronically and wish to receive a paper copy, you have to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.**

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think we may have violated your privacy rights please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint. You may contact us to submit a complaint or submit requests involving any of your rights detailed in this notice by writing to the following address:

Regina Constantine, Contact Officer
Sosar Physical Therapy, LLC
649 S. Garfield Ave.
Frackville, PA 17931
(570) 874-2125