

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Physical Therapy Practice, Therapy One Center, in accordance with the federal Privacy Rule, 45 CFR parts 160 & 164 (the Privacy Rule) and applicable state law, is committed to maintaining the privacy of your protected health information (PHI). PHI includes information about your health condition and the care and treatment you receive from the Practice and is often referred to as your health care or medical record. This notice explains how your PHI may be used and disclosed to third parties. This notice also details your rights regarding your PHI.

HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

The practice, in accordance with this notice and without asking your express consent or authorization may use and disclose your PHI for the purpose of:

- A. **TREATMENT** – For coordination, planning and management of your health care.
- B. **PAYMENT** – To get paid for services directly through you, billing service, and insurance company or health plans.
- C. **HEALTHCARE OPERATIONS** – To evaluate performance of the Practice’s personnel providing care to you.
- D. **ADVISE OF APPOINTMENT SERVICES** – Following appointment reminders may be used by the practice:
 - 1. Postcards
 - 2. Telephoning home
 - 3. Email
 - 4. Telephoning cell phone and/or texting
- E. **DIRECTORY/SIGN-IN LOG** – Practice maintains a sign-in log at the reception area where staff can readily see. Others seeking services/care at the Practice may see this information.
- F. **FAMILY/FRIENDS** – Disclose PHI to family member, other relative, friend or other person identified by you for involvement in care or payment of care.
- G. **USE OF NAME** – Your name may be used in a verbal or written manner when requesting information over the phone or between staff members or when using a social media that you have agreed to by “liking or following”, such as FACEBOOK, TWITTER or INSTAGRAM. This in no way implies your PHI has been disclosed.
- H. **EMAIL/TEXTING** - You may be contacted thru email and/or text to convey information/correspondence regarding you and this practice.

OTHER USE & DISCLOSURES WHICH MAY BE PERMITTED OR REQUIRED BY LAW

- A. **DE-IDENTIFIED INFORMATION** – Disclose PHI, for sake of your care, which cannot identify you.
- B. **BUSINESS ASSOCIATE (BA)** – BA includes entity that assists the Practice in some essential function.
- C. **TCPA** - Telephone Consumer Protection Act - our office and/or our agents may contact you by telephone, including wireless numbers by call or text, which could result in charges from your wireless carrier. Methods may include pre-recorded voice messages or an automatic dialing device. We may also contact through email.
- D. **PERSONAL REPRESENTATIVE** – A person who has the authority to represent your decisions.
- E. **EMERGENCY SITUATIONS**
- F. **PUBLIC HEALTH EMERGENCY** – To prevent or control disease.
- G. **ABUSE, NEGLECT OR DOMESTIC VIOLENCE**
- H. **HEALTH OVERSIGHT ACTIVITIES** – PHI for criminal investigation, disciplinary actions or relating to community’s health care system.
- I. **JUDICIAL & ADMINISTRATING PROCEEDING** – For court order or lawfully issued subpoena.
- J. **LAW ENFORCEMENT PURPOSES** – Use PHI when authorized to Law Enforcement official.
- K. **CORONER OR MEDICAL EXAMINER**
- K. **ORGAN, EYE, OR TISSUE DONATION** – May disclose your PHI if you are a tissue or organ donor.
- L. **RESEARCH** – May disclose PHI subject to legal requirements if the Practice is involved in research.
- M. **AVERT THREAT TO HEALTH AND SAFETY** – Disclose PHI necessary to prevent serious threat to health or safety.
- N. **FINANCIAL HARDSHIP** - Financial agreements are available for those who qualify at time of service & who are unable to meet their total financial obligation.
- O. **SPECIALIZED GOVERNMENT FUNCTION** – Use PHI, authorized by law, for military and veteran activity.
- P. **WORKERS COMPENSATION OR MVA**
- Q. **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**
- R. **MILITARY AND VETERANS** – Disclose PHI, if member of armed forces, required by military command authorities.
- S. **TIME OF SERVICE PAYMENT** – All patients are eligible for a discount if payment for services rendered are made at time of service. If payment is not made at the time of service the patient is responsible for full charges incurred.

PRACTICE REQUIREMENTS

- A. Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice’s legal duties and privacy practices with respect to your PHI.
- B. Maybe required by State Law to maintain greater restrictions on the use or release of your PHI than that which is provided for under Federal Law.
- C. Is required to abide by the terms of this Privacy notice.
- D. Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- E. Will distribute any revised Privacy Notice to you prior to implementation.
- F. Will not retaliate against you for filing a complaint.

YOUR RIGHTS

- A. Revoke any authorization or consent given to the Practice in a written request.
- B. Request restrictions on certain uses & disclosures of your PHI in written form.
- C. Inspect & copy your PHI. Practice can charge fee for copying, mailing or other supplies associated with request.
- D. Amend your PHI as provided by federal Law. You must submit written request to the Practices Privacy Officer (PPO).
- E. Receive accounting disclosures or PHI as provided by the Federal Law. Time period may be no longer than six (6) years and may not include dates before April 14, 2003. The first list within a 12-month period is free. Practice may charge for additional lists.
- F. Receive paper copy of Privacy Notice from Practice.
- G. Complain to Practice or Secretary of HHS if you believe your rights have been violated.

To file a complaint with the Practice or to obtain more information about your rights contact the Practice’s Privacy Officer.

Name: Christi Murphy Address: 1701 New Road, Northfield, NJ 08225 Telephone: 609.867.9353

AUTHORIZATION

Uses and/or disclosures other than those described above will be made only with your written request.

This notice is in effect as of 4.1.2021