



163 Main Street Wakefield, RI 02879 |tel| 401.782.4049 |fax| 401.782.0890

**Notice of Privacy Practices
and
Patient Acknowledgment Form**

Body Mechanix Physical Therapy is required by a federal law known as “The Health Insurance Portability and Accountability Act” (HIPAA) as well as by Rhode Island state law to maintain the privacy of your medical and health information, also referred to as “Protected Health Information” (PHI).

Our notice of Privacy Rights and Practices describes how information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully. When we use or disclose your Protected Health Information, we are required to abide by the terms of the notice (or any other Notice in effect at the time of the use/or the disclosure).

You have the right to request in writing that we restrict how Protected Health Information about you is used or disclosed. We are not required to agree with this restriction, but if we do, you will receive written confirmation of our agreement to which we will be bound.

Your signature below constitutes your acknowledgment that you have received a copy of our Notice of Privacy Rights and Practices, and your consent under federal and state laws to the kinds of uses and disclosures of Protected Health Information mentioned in our notice.

A copy of our notice of Privacy Rights and Practices will be give upon request. Yes/No (please circle one).

Patient’s Signature

Date

Personal Representative or Guardian Signature

Date

Relationship to Patient



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Notice of Privacy Policies

I. 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. If you have questions about this notice, please contact our Privacy Officer at 401.782.4049. You may also send written questions or complaints to the Secretary, U.S. Department of Human Health Services, 200 Independence Avenue S.W., Washington, D.C. 20201.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). Body Mechanix Physical Therapy (BMPT) is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and your treatment and services provided to you. These records are our property. However, we are required by law to protect your PHI and to follow the privacy policies described in this notice. PHI includes information that we create or receive about your past, present, or future health condition, the provision of health care to you, or the payment for health care provided to you. We are required by law:

- 1) to maintain the confidentiality of your medical information.
- 2) to provide you with this notice of our legal duties and privacy practices concerning your medical information.
- 3) to follow the terms of our privacy practices in effect at the time of the notice. We will post a copy of our current notice in a prominent location in our main reception area in our clinic. We may change the terms of this notice and our privacy policies at any time. Any change will apply to the PHI we already have. When we change our policies, we will promptly change this notice and post it in our main reception area.

III. HOW WE MAY USE AND SHARE YOUR PHI.

We use and share your PHI for Treatment, Payment or Health Care Operations.

Treatment: BMPT may use and share your PHI to treat you, for example, information obtained from you physician will be used to assist our therapists in their assessment and treatment of you. We will record information regarding your treatment in a private health record. We may disclose your medical information to others that may assist in your care, such as other physicians, therapists, spouse, children, or parents.

Payment: BMPT may use and share your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may share your PHI with your health plan, to get paid for the rehabilitation services provided to you by our therapists. We may also share your PHI with collection agencies and companies that process our health care claims.

Health Care Operations: BMPT may use and share you PHI in order to operate this facility. For example, we may use PHI in order to evaluate the quality of health care services that you receive, or to evaluate the health care professionals who provide health care services to you. We may also use your medical information to conduct cost-management and business planning activities for our organization. This information will be used in an effort to continually improve the quality and effectiveness of the health care service we provide. We may also share PHI with our accountants, attorneys and others in order to make sure we are complying with the laws that affect us.

Additional conditions in which we may use or share you PHI

We will use of share your PHI when:

1. Required applicable law such as information required by government agencies and law enforcement about victims of abuse, neglect, or domestic violence, or when required in a legal proceeding.
2. Public Health agents require information for public health activities related to disease control, injury or disability and/or the maintenance of vital records such as births or deaths.
3. Health oversight agents investigate or inspect a health care provider or organization.
4. Serious threats to health or safety require that we disclose only the information necessary to help prevent the threat.
5. Other government functions such as military or veteran's activities, national security or intelligence activities or protective services for the President of the United States or correctional facilities require your information.
6. Worker's Compensation laws require release of your information to be in compliance with federal and state laws.

7. We give you appointment reminders or health related benefit or service information about treatment choices or other health care services or benefits. IV. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you:

Our use of your PHI requires your prior written authorization for any other use of your PHI not described in section III. If you authorize us to use your PHI, you can later remove the authorization and stop any future of your PHI. You can remove an authorization by written request to the Privacy Officer at:

Body Mechanix Physical Therapy, Inc.
163 Main Street
Wakefield, RI 02879

Requesting Restrictions:

You have the right to request a restriction in our use of your medical information for treatment, payment of health care individuals involved in your care or the payment of your care, such as family members, friends, or others. We will consider your request to limit how we share your PHI but we are legally not required to agree to it. If we agree with your request, we will follow your limits, except in emergency situations. You cannot limit the uses and reports that we are legally required or allowed to make.

Confidential Communication:

You have the right to request that BMPT communicate with you about your health and related issues in a particular manner, or at a certain location. In order to request a confidential type of communication, you must make a written request to our Privacy Officer at Body Mechanix Physical Therapy. Your request must specify the requested method of contact or location where you wish to be contacted. You do not need to give a reason for your request. BMPT will accommodate reasonable requests.

Inspection and Copies:

You have the right to inspect and obtain a copy of your PHI (except for mental health notes). Your request must be in writing. If we do not have your PHI, but know who does, we will tell you how to get it. We will reply to your request within 30 days of receipt of your request. If we deny your request, we will tell you in writing our reasons for the denial. You will have the right to have the denial reviewed. If your request a copy of your PHI, we may charge a fee.

Report Rights:

You have a right to get a list of the parties to whom we have reported your PHI. This list will not include reports for treatment, payment or health care operations; reports that you have previously authorized; reports made directly to you or your family; reports from our facility; reports made for national security purposes; reports to corrections or law enforcement personnel; or reports made before April 14, 2003. Your written request must be submitted to the Privacy Officer at BMPT. We will respond to you within 60 days. We will not charge for your list. Second requests within the same year will be provided for a fee.

Amendment:

You have the right to ask us to amend PHI if you believe it is incorrect or incomplete. You must submit this request in writing to the Privacy Officer at BMPT. You must provide a reason that supports your request. BMPT will deny requests for amendment when information on record is accurate and complete, not part of medical information created by BMPT, or not part of the medical information you are permitted to inspect. We will respond within 60 days of your request. You can ask us for a copy of this notice at any time. The effective date of this notice is April 14, 2003.