

## Global Physical Therapy, Inc. Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed, as well as, how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this “Notice of Privacy Practices”, explaining our legal duties and your rights regarding your health information. We must adhere to the privacy practices that are described in this notice while it is in effect as of January 1, 2016, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time and as permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we carried out the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

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### **(1) Use and Disclosures of Health Information:**

We will use your protected health information (PHI) for the purposes of treatment, payment, and healthcare operations.

**Treatments:** We may use or disclose your health information to a physician or other healthcare providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians, or other physical therapists.

**Payment:** We may disclose your health information to obtain payment for services we provide you with. Your insurance company may make a request to review your medical record to determine that your care was necessary.

**Healthcare Operations:** Includes the utilization of your records to monitor the quality of care being given at our facility or for business planning activities (assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities).

**Your Authorization:** You may give us a written authorization to disclose your medical record/information to anyone for any purpose; you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect.

**Persons Involved in Care:** We may use or disclose your PHI to notify or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. We may use your PHI in an emergency situation when you may not be able to express yourself, we will disclose PHI based on determination using our professional judgment disclosing only health information that is directly relevant the person’s involvement in your healthcare.

**When Required by Law:** We may also disclose your PHI when we are required to do so by law - for example, by court order or subpoena. Disclosure to health oversight agencies are is sometimes required by law to report certain diseases or adverse drug reactions.

**Abuse or Neglect:** We may disclose health information to appropriate authorities about you to avert a serious threat to your health or safety or the health and safety of others. If you are in the armed forces, we may release health information about your when it is determined to be necessary by the appropriate military command authorities.

**Worker's Compensation:** We may release your PHI for worker's compensation or other similar programs that provide benefits for work-related injury or illness. Your authorization is required before your PHI may be released or disclosed by us for other purposes.

**Other Special Uses:** Our practice may use your PHI to send you an appointment reminder (via mail/phone/message/e-mail), or to inform you of our other health related products and services.

## (2) PATIENT'S RIGHTS

**Access to PHI:** You have the right to request a copy of your medical record. You must submit this request in writing and we may charge a fee to cover the costs of copying, mailing, and staff time. Upon your written request, we should provide you with a copy of your record within 30 days.

**Restrictions:** You have the right to request restrictions on how your PHI is used; however; we are not required to agree with your request. If we do agree, we must abide by your request (except in an emergency).

**Confidential Communication:** You have the right to request confidential communication from us at a location of your choosing. This request must be in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you requested.

**Accounting of Disclosures:** After January 1, 2016, you have the right to request an accounting of the disclosures made in the previous 6 years. These disclosures will not include those made for treatment, payment, or healthcare operations or for which we have obtained authorization. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

**Amendments:** You have the right to request an amendment be made to your PHI, 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 parts of your medical record that we did not create.

## (3) Questions & Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you feel that your privacy rights have been violated, you have the right to submit 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:

Contact Officer: Marina Sasonov

Telephone: (860) 233-2222

Fax: (860) 570-0666

Email: [info@Global-PT.com](mailto:info@Global-PT.com)

Address: 580 Farmington Ave

Suite # 101

Hartford, CT 06105