



Physical Therapy & Hand Therapy
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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.**

Effective February 1, 2014

The privacy of your medical information is important to us. U.S. government regulators established privacy rules ("HIPAA") governing protected health information. This notice tells you how it may be used and about certain rights that you have.

Robert Ortiz, P.T. and Hector Mayo, P.T. are in charge of privacy matters at our facility. You can contact one of them at (212) 697-3438 if you desire further information, or have any questions or concerns.

Our Uses and Disclosures

We can use your health information and share it with other professionals who are treating you. For example, we may send your referring physician a copy of your initial evaluation or a periodic progress report to let them know how your care is progressing.

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

We may use your medical information to obtain payment for our services. For example, most insurance carriers require a copy of our documentation to pre-certify care, extend care and review specific claims for payment.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We can use or share your information for health research; for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities

authorized by law; for special government functions such as military, national security, and presidential protective services.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Your Rights

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

You can request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

You can choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

If you feel we have violated your rights, you can complain by contacting Robert Ortiz, P.T. or Hector Mayo, P.T. at Grand Central Physical Therapy & Hand Therapy, 420 Lexington Ave., Suite 1714, New York, NY 10170, (212) 697-3438.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or

visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

If you have a clear preference for how we share your information in the situations described below, we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for marketing or sales unless you give us written permission.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Please fill out and return this section:

I have received a paper copy of this notice.

Signature

Print Name

Date

I make the following special request for confidential communications:

Signature

Date