



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION (PROTECTED HEALTH INFORMATION, PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Natural Physical Therapy of East Amherst, PLLC is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law. We are required by law to provide you with this notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by Natural Physical Therapy of East Amherst, PLLC. Each time you visit us, we document a record of your visit. Typically, this document contains your symptoms, examination and test results, assessment of your condition, a record of your treatment interventions and a plan for future care or treatment. We have an ethical and legal obligation to protect the privacy of your health information, and we will only use or disclose this information in limited circumstances.

We may gather personal and health information from you, other health care providers and third party payers. This information is used for treatment, payment and health care operations. The following describes the ways we may use and disclose your Protected Health Information:

- We may provide PHI about you to health care providers, other practice personnel, or third parties who are involved in the provision, management or coordination of your treatment care
- We may disclose your PHI to any third party you designate in writing
- We may use or disclose your PHI so that you can collect or receive payment for the health care services you receive or are going to receive
- We may disclose your PHI if we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public
- We may disclose your PHI to a government agency if we believe you have been a victim of abuse, neglect or domestic violence.
- We will make this disclosure if it is necessary to prevent serious harm to you or other potential victims, you are unable to agree due to your incapacity, you agree to the disclosure, or required by law
- We may disclose your PHI to a health oversight agency for activities authorized by law
- We may disclose your PHI as required by a court or administrative order, or under certain circumstances in response to a subpoena, discovery request or other legal process

- We may release your PHI as necessary to comply with laws relating to Workers' Compensation or similar programs that are established by the law to provide benefits for work-related injuries or illness without regard to fault
- Your PHI may be disclosed for military and veterans affairs, for national security and intelligence activities, or for correctional activities
- We may use or disclose your PHI when required by law
- We may use your name, address, phone number, e-mail, and your records to contact you with appointment reminder calls, recall postcards, greeting cards, information about physical rehabilitation, or other related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your answering machine

Please note your rights regarding this information:

- You are entitled to inspect and receive copies of your records upon written request, and this request can be sent to you either in hard copy or electronic form.
- You are entitled to make a written request to amend your PHI files or put restrictions on certain uses and disclosure of PHI.
- We accommodate any reasonable request, yet we retain the right to deny inclusion of amendments or use restrictions of your PHI.
- You have a right to receive all notices in writing or via e-mail.
- You have the right to request that we do not disclose your information to specific individuals, companies, or organizations. Any restrictions should be requested in writing. We are not required to honor these requests. If we agree with your restrictions, the restriction is binding on us.
- You have the right when paying in full for services rendered to request that we (Natural Physical Therapy of East Amherst, PLLC) do not disclose information regarding your treatment to your health plan.
- If you have any questions regarding your HIPAA Privacy rights, please contact us directly.

Patient Name: _____

Signature: _____

Date: _____