



445 St. Paul Street
Tel: (401)-597-5665 **North Smithfield, RI 02896** **Fax: (401)-597-5667**

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Health Information About You May Be Used and Disclosed and 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. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present, and future physical or mental health and related health care services. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 04/14/2003, and will remain in effect until we replace it.

As permitted by applicable law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changed in Federal and State laws and regulations. Whatever the reason for the revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Uses and Disclosures of Health Information

We use and disclose health information about your treatment, payment, and healthcare operations. For example:

Treatment: We may use and disclose your health information to a physician or other healthcare provider for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

Payment: We may use or disclose your health information to obtain payment for services from your insurance company or from you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, and reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conduction training programs, accreditation, and certification, licensing or credentialing services.

Workers' Compensation: We may use or disclose your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries. This also includes contacting the employer for verification of the work injury to obtain authorization to provide treatment.

Business Associates: We may use or disclose your health information with third party "business associates" that perform various activities for our practice. For example, we may share your health information with a billing company that helps us obtain payment from your insurance company or an accounting law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have written a contract to ensure that our business associate also protects the privacy of your health information.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure and only with a written certification by the party issuing the subpoena in accordance with the law.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Friends and family involved in your care: If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care.

Appointment Reminders: Your health information will be used by our staff to provide you with appointment reminders, medical history questionnaire, and directions to our facility (such as voicemail messages, postcards or letters).

Information about treatments: Your health information may be used to send you information on the treatment management of your medical condition that you may find to be of interest. We may also send you information describing other health related goods and services that we believe may interest you.

Marketing Health Related Services: We will not use your information for marketing communication without your written authorization.

Incidental Disclosures: While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of treatment session, other patients in the treatment area may see or overhear discussion of your health information.

Authorization: Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Patient Rights:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form of request to access to your records by contacting our office.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can request a Complaint Form or send a letter outlining your concerns to:

Privacy Officer
Matrix Sports Medicine & Physical Therapy, Inc.
445 St. Paul Street
North Smithfield, RI 02896