



Notice of Privacy Policies

This Notice of Privacy Practices advises you about the way we may use and disclose medical information about you. It also describes certain rights and obligations we have regarding use and disclosure of your protected health information. We are required to abide by the terms of this notice and may change the terms at any time. Upon your request we will provide you with revisions made to this notice.

Uses and Disclosures of Protected Health Information: Your protected health information (PHI) may be used and disclosed for your ongoing treatment, our ongoing healthcare operations, or to secure payment for services.

Treatment: The provision, coordination, or management of healthcare and related services among providers or with a third party.

Healthcare Operations: Necessary disclosures to run our practice and monitor quality of care including staff performance, evaluation of practice enhancements, and staff education

Payment: Necessary disclosures to secure reimbursement from you, your insurance company, or third party payor for services rendered. In addition, PHI may be disclosed to obtain prior approval from your insurance company to assure payment for the services yet to be rendered.

Individuals Involved In Your Ongoing Care: Upon your verbal authorization, we will disclose information about you to your designated caregivers or family members.

Case Management for Worker's Compensation/PIP/Disability: We may release PHI for your worker's compensation, auto-related or other liability claim or your claim for disability benefits or similar program that provides benefits for injuries or illnesses. This may include claims adjustors, nurse case managers, and may be telephonic.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law. This may include activities by the government to monitor the healthcare system and compliance with civil rights laws, audits, inspection and licensure. We may disclose PHI for matters involving public health risks including, disease exposure, child abuse or neglect or other domestic abuse, neglect or violence. If you are involved in a lawsuit, we may disclose PHI in response to a subpoena or other court order. PHI may be disclosed to other legal authority pursuant law enforcement.

Other uses and Disclosures of Your PHI: Other disclosures of your PHI will be made only upon your written authorization and payment of the allowable fee. You may obtain an authorization form from our office. You may revoke this authorization, at any time, in writing. You understand that we are unable to take back disclosures that have already been made with your prior permission.

Methods of Disclosure: We will respond to your request by mailing copies of your record via US Postal Service. We will not disclose any PHI through e-mail. Under limited circumstances at our discretion records may be faxed.

Your Rights Regarding Your Protected Health Information

Right to Inspect: You have the right to inspect a copy of your PHI including medical and billing information which is used to make decisions about you. You must submit your request in writing. We may charge a fee as permitted by state law for the costs of copying and mailing. We will not fax your medical information to you. We may deny your request under limited circumstances.

Right to Amend: If you feel the medical information we have is incorrect or incomplete, you may ask us to amend it. We will provide an amendment form which you must complete. You must provide reason which must support your request. In absence of a reason we will deny your request.



Right to an Accounting Disclosure: We will keep an accounting of all disclosures we made about you. You may request this list in writing and must state a time period no longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction on the medical information we disclose for treatment, payment, operations or caregivers and other involved persons. We are not required to agree with your request. We will comply with your request unless the information is needed for emergency treatment. Your request for limitations must be made in writing and must include what information you want limited and to whom you want these limits to apply.

Changes to this Notice: We reserve the right to change this notice and apply the changes to information we already have about you or may receive in the future. We will post a copy of our current notice in the office. The effective date appears in the upper right hand corner. We will offer you a copy of the current notice.

Complaints: If you believe you have been violated, you may file a complaint with our office. Your complaint must be made in writing and addressed to Melinda Rubenstein, Jersey Physical Therapy Associates, LLC, 3228 Route 27, Kendall Park, NJ 08824. No complaints will be acknowledged by phone.

Acknowledgment of Receipt of Privacy Notice

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. You have the right to review our Notice and ask questions about our privacy practices. The terms of our notice may change. Upon request, a copy of our revised notice will be made available to you.