

**Grand Central Physical Therapy, PC
Grand Central Hand Therapy Center, LLC**

**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 April 14, 2003

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

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

Use and disclosure of protected information.

Federal law provides that we may use your medical information (protected health information) for treatment of you, without further specific notice to you, or written authorization by 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.

Federal law provides that we may use your medical information to obtain payment for our services without further specific notice to you, or written authorization by you. For example most insurance carriers require a copy of our documentation to pre-certify care, extend care and review specific claims for payment.

Federal law provides that we may use your medical information for health care operations without further specific notice to you, or written authorization by you. For example our accountants may see your name, dates of treatment and procedure codes during audits of our records.

We may use or disclose your medical information without further specific notice to you, or written authorization by you, where:

1. Required by law;
2. Required by public health purposes;
3. Required by law to report child abuse;
4. Where required by a health oversight agency for oversight activities authorized by law, such as Dept. of Health, Office of Professional Discipline or Office of Professional Medical Conduct;
5. Required by law in judicial or administrative proceedings;
6. Required for law enforcement purposes by a law enforcement official;
7. Required by a coroner or medical examiner;
8. Permitted by law to a funeral director;
9. Permitted by law for organ donation purposes;
10. Permitted by law to avert a serious threat to health or safety;

11. Permitted by law and required by military authorities if you are a member of the armed forces of the United States;
12. [Research purposes (if applicable to your practice, see details at 45 CFR & 164.512 (I))]

New York State law provides additional protection for information regarding HIV/AIDS. We will continue to follow New York state law with respect to such information.

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can make reasonable requests, in writing for us to use alternative methods of communicating with you in a confidential manner. Space for this provided below.

Other use or disclosure of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

Rights that you have:

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged).

You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your medical information, except for disclosures we make to you, or to carry out treatment, payment or healthcare operations, or as requested by your written authorization, or as permitted or required under 45 CFR & 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law [or for research or public health purposes after being de-identified or limited to remove personally identifiable information] or disclosures made before April 14, 2003.

Obligations that we have.

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our facility and copies will be available there.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Dept. of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to:

Robert Ortiz, P.T. or Hector Mayo, P.T.
Grand Central Physical Therapy, PC
420 Lexington Avenue, Suite 233
New York, NY 10170 (212) 697-3438

No retaliatory action will be taken against you for any complaint you may make.

I have received a paper copy of this notice.

Signature

Print Name

Date

I make the following special request for confidential communications.

Signature

Date

