

NOTICE OF PRIVACY PRACTICES
MOVING FORWARD PHYSICAL THERAPY, INC.
65 Wiggins Avenue, Bedford, MA 01730
Phone 781-791-9499 Fax 781-780-5655

THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ CAREFULLY

Under the federal care privacy regulations pertaining to the Health Insurance Portability and Accountability Act of 1996, Moving Forward Physical Therapy, Inc. is required to protect the privacy of your individually identifiable health information. We are also required to provide you with this Notice of Privacy Practices regarding our policies and procedures to protect and maintain the privacy of your health information.

Permitted Uses and Disclosures of Your Health Information

Moving Forward Physical Therapy, Inc. is permitted to use or disclose your health information for the purpose of treatment. We may disclose your information to your primary care physician, or other healthcare providers involved in your treatment.

Moving Forward Physical Therapy, Inc. is permitted to use or disclose your health information for the purpose of payment. This information may include your health insurance coverage, billing, claims management, and reimbursement. A bill may be sent to third party payor or an insurance company and may include information that identifies you as well as your diagnosis, procedures and supplies used.

Moving Forward Physical Therapy, Inc. is permitted to use or disclose your health information for the purpose of health care operations. This may include financial and billing audits, utilization reviews, internal quality assurance, defense of legal matters, and educational purposes.

Moving Forward Physical Therapy, Inc. can use and disclose your health information for the purpose other than treatment, payment or health care operations with your written authorization. You have the right to revoke your authorization for the use or disclosure of health information. Revocations must be received in writing.

Uses and Disclosures of Your Health Information Without Permission

Moving Forward Physical Therapy, Inc. is allowed to use or disclose your health information without your permission or authorization for the following purposes:

- When law mandates that certain health information be reported for specific purpose.
- Public health purposes, such as reporting of disease, injury or disability.
- Disclosures to government authorities regarding suspected abuse, neglect or domestic violence.
- Disclosures to health care oversight agency, for activities such as licensure, certifications, audits by Medicare, investigations of violation of health care laws.
- Disclosures to law enforcement, in response to subpoenas, order of court, or administrative agencies.
- Uses or disclosures to prevent serious threat to health and safety of others and the public.
- Disclosure to a family member, or other individual if they are directly involved in your care or treatment.
- To send marketing information to you.
- Remind you of scheduled appointments or other services offered at our practice

PATIENT RIGHTS

The law gives you the following rights concerning your medical record and health information: You have the right to request restrictions on the use and disclosure of your health information for purposes of treatment, payment, and healthcare operations. You may send a written notice requesting such restrictions. However, Moving Forward Physical Therapy, Inc. is not obligated to agree with such a request.

You have the right to review and copy your own health information. By law, there are limited situations in which Moving Forward Physical Therapy, Inc. can refuse access to all health information that we obtain.

You have the right to verbally object to certain disclosures that are made for treatment, payment or healthcare operations.

You have the right to request an amendment of your health information if you believe it is incorrect or incomplete. You may send a written request to amend your health information. If we disagree with the requested amendment, we will permit you to include the statement in your record. We will also include an explanation letter of denial.

You have the right to receive an accounting of disclosures that we have made of your health information within six (6) years prior of your request date. Moving Forward Physical Therapy, Inc are not required by law to include disclosures related to treatment, payment or healthcare operations, disclosures with your authorization, disclosures to persons involved in your care, and disclosures permitted by the Privacy Regulations. The accounting of disclosures will include the date of each disclosure, name and address of person/organization that received your health information and the purpose of the disclosure.

You have the right to request we communicate with you in a confidential way, such as contacting you at work rather than home, or by personal email address.

You have the right to receive copy of this Notice.

Contact Information

If you have questions or would like more information regarding our privacy notice, you may contact our Compliance Officer at (781) 791-9499. If you believe that your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

This acknowledgment, which allows Moving Forward Physical Therapy Inc. to use and/or disclose personal health information for treatment, payment, and healthcare operations, is part of the federal privacy regulations for Health Insurance Privacy and Accountability Act of 1996.

By signing this form, I acknowledge that I have reviewed and received a copy of the Practice's Policy Notice and agree to the Practice's use and disclosure of my protected health information for treatment, payment and healthcare operations.

Print name of Patient

Signature of Patient (parent if under 18)

Date