

R&F Incorporated
Doing business as New Vision Physical Therapy
Notice of Privacy Practices

THIS NOTICE, WHICH IS EFFECTIVE AS OF << date >>, DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The administrators, clinicians and support staff at this facility believe your medical information should remain confidential. The law requires us to establish office policies that are designed to safeguard your health information. The information contained in this notice constitutes our promise to you that we acknowledge our legal obligation to protect your health information, and it describes your rights concerning our use of your health information.

We will use and disclose your health information for purposes of treatment, payment and/or health care operations.

1. Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a patient, or the referral of a patient for health care from one health care provider to another. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals. Information such as this is considered "information maintained for treatment purposes."
2. Payment means activities undertaken by a covered health care provider or health plan to obtain or provide reimbursement for the provision of health care. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you. Information such as this is considered "information maintained for payment purposes."
3. Health Care Operations includes certain activities of the agency, as well as activities of an organized health care arrangement in which we participate, including: quality assessment and improvement activities, reviews of the competence or qualifications of health care professionals, activities related to underwriting or premium rating of insurance contracts, activities related to legal or accounting services provided to the practice, business management and planning, protocol development, case management and care coordination, and training programs including those in which students, trainees or practitioners in health care learn under supervision, (including training of non-health care professionals). For example the Agency may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, or disclose your health information to Agency staff and contracted personnel for training purposes. Information used or disclosed for such purposes is considered "uses and disclosures of information for purposes of conducting health care operations."

We are permitted or required to disclose limited health information about you, without your authorization, in the following circumstances:

1. As required by law so long as it is limited to the relevant requirements of such law.
2. For public health activities, including the prevention and control of disease, vital statistics, and public health investigations.
3. For purposes of making required reports about victims of abuse, neglect or domestic violence.
4. Health oversight activities, including audits, civil, criminal or administrative investigations, proceedings or actions; inspections; licensure or disciplinary actions.
5. Judicial and administrative proceedings, in response to court orders.
6. Law enforcement purposes (i.e., reports of gunshot wounds, grand jury subpoenas, and information regarding victims of crime).
7. To coroners, medical examiners and funeral directors for purposes of identifying deceased persons or determining cause of death.
8. For organ and tissue donation, consistent with applicable laws.
9. Research, provided the federal regulations governing research activities that insure the privacy of your health information are met.

10. To avert serious threats to health or safety.
11. Specialized government functions regarding military personnel and military veterans, certain national security purposes, and inmates.
12. Workers' compensation to the extent necessary to comply with applicable laws.
13. For Appointment Reminders, in order to contact you (and leave a phone message if necessary) as a reminder that you have an appointment for a home visit or an in-office treatment session.

Any uses or disclosures other than those noted above require us to obtain your written authorization, which you may revoke at any time. Any such revocation must be in writing.

You have the following rights with respect to your health information:

1. The right to request restrictions on certain uses of your health information, however we are not required to agree to your request.
2. The right to request, in writing, the manner or method by which we contact you to furnish confidential communications about your health information (i.e., fax, e-mail, voice mail, etc.). You are obligated to notify us, in writing, of any changes to your request.
3. The right to inspect your health information (you are entitled to receive a copy of your health information, except for psychotherapy notes and information compiled in anticipation of or for use in, a civil, criminal, or administrative action or proceeding).
4. In limited circumstances, the right to ask us to amend your health information, however we reserve the right to deny your request. If your request to amend is denied, we will provide you with information about the basis of our denial and your right to submit a written statement disagreeing with our denial.
5. The right to receive an accounting of disclosures of your health information, except those disclosures related to treatment, payment or health operations, disclosures that are made to you, disclosures made for national security purposes or to correctional institutions or law enforcement officials, or disclosures that were made prior to the compliance date.
6. The right to receive a copy of this Notice in writing.

We have the following obligations:

1. We are required by law to maintain the privacy of your health information, and we are required to provide you with a notice of our legal duties and privacy practices.
2. We are required to abide the terms of the notice.
3. We are required to advise you of any changes we make in the terms of our notice of privacy practices. If any changes are made to notice of privacy practices, we will post the revised notice and make a copy of it available on request.

Complaints

If you believe we have violated your privacy rights, you may file a written complaint to our Privacy Officer and/or to the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

If you want more information or you believe your rights have been violated, you can contact Our Privacy Officer at the following address: R&F Incorporated, Attention Privacy Officer. Our telephone number is << need to discuss >>. Alternatively, you may wish to contact the federal agency in charge of enforcing patients' privacy rights. That address is: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Room 509F, HHS Building, Washington, D.C. 20201.

Acknowledgment

I have read the foregoing Notice of Privacy Practices provided to me, and I have been given the opportunity to discuss the Agency's privacy practices. Any questions I may have had have been answered to my satisfaction. I understand the content of the Notice of Privacy Practices and I have been provided with a copy of same.

Print name

Signature

Date

Staff initials

The NPP was provided to _____, however he/she did not acknowledge receipt for the following reason: refused did not understand Other _____

Staff signature

Date