Privacy Notice

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 that U.S government regulators established privacy rule (HIPPA) governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

Jon Diamond is in charge of privacy matters at our facility. You can contact him at (212) 317-8303 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 for healthcare operations without further specific notice to you, or written authorization by you; for example our accountants may see your name, dates or treatment and procedure codes during audits of our records.

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

1. Required by law
2. Required for 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 the Department of Health, Office or Professional Discipline of Office of Professional Medical Conduct.
5. Required by law in judicial or administrative proceedings.
6. Required by 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

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 is provided below.

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

For a complete list of rights that you have and obligations we have under the recent privacy act please notify Mr. Diamond directly

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

Jon Diamond, DPT, CSCS
Diamond & Schultz Physical Therapy,
6 East 39th Street, Suite 504
New York, NY 10016
(212) 317-8303

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