

PRIVACY PRACTICES



THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS FORM CAREFULLY.

This notice covers services provided to you by Willem Verweij Physical Therapy, LLC and the members of its medical staff together as an organized health care arrangement pursuant to the Federal Privacy Rule. It applies to medical and payment records for all services provided to you in the clinically integrated care setting, regardless of whether specific services are provided by employees, providers under contract, or independent members of our medical staff.

OUR LEGAL DUTY

Willem Verweij Physical Therapy, LLC is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols described below.

USES AND DISCLOSURES OF HEALTH INFORMATION

Willem Verweij Physical Therapy, LLC uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and assessing the quality of care we are proud to provide. We use your personal information to contact you to arrange an appointment with us and to properly bill your insurance carrier(s) for the services we provide you with. In addition, we may, from time to time, disclose your health information without prior authorization for public health purposes, auditing tracking, and research studies. In any other situation, Willem Verweij Physical Therapy, LLC will obtain your written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to cease future disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, a new Notice of Information Practices will be posted in the same area for public view. You may request a copy of our Privacy Practice at any time. Our HIPAA Compliance Officer is Jacki Pepin. She can be reached at the office by calling (603) 335-4700.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have the right to request a list of instances where we disclosed your personal health information for reasons other than for treatment, payment or other related administrative purposes. You may request in writing that we not use or disclose your personal health information for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. Willem Verweij Physical Therapy, LLC will consider all such requests on a case-by-case basis. The company is not legally required to accept the requests.

For Special Uses: We also use or disclose your pertinent PHI for purposes that involve your relationship to us as a patient.

- Remind you of appointments (via telecommunications)
- Advise you of new or updated services or home supplies (via telecommunications or newsletter)
- Assess your satisfaction with our services

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voicemail.

OUR RESPONSIBILITIES

This organization is required to:

- ❖ Maintain the privacy of your health information
- ❖ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; and
- ❖ Abide by the terms of this notice while it is in effect.

If you believe your privacy rights have been violated, you can file a written complaint with our HIPAA Compliance Officer, Jacki Pepin, at our office address listed below or with the Office of Civil Rights, Department of Health and Human Services, Washington, DC 20201. There will be no retaliation for filing a complaint.

EVERY PATIENT MUST RECEIVE A COPY OF THIS FORM

36 Industrial Way, Suite 1 ♦ Rochester, NH 03867 ♦ voice 603-335-4700 ♦ fax 603-335-4704