

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.

Mackarey and Mackarey Physical Therapy Consultants, LLC (MMPTC) is committed to protecting the confidentiality of our patient's medical records. MMPTC is required by law to provide each patient with notice of our responsibilities and our privacy practices. We are bound by law to abide by the terms of this Notice to protect your records.

We may use and disclose your personal health information (PHI) for treatment, payment, and for operational purposes. For example, in the course of treatment, it may be necessary to release a copy of your records to another physician whom you may choose to review your records or treat with. We may also disclose your PHI (your name, address, date of birth, social security number, insurance information, the treatment rendered and the reason for that treatment) to your insurance carriers to bill and collect payment for your treatment. It may be necessary to use and disclose your PHI internally as part of the operation of our practice. An example of this is when we evaluate the quality of your care or to conduct business planning activities for our practice.

Additionally MMPTC is permitted by law to release medical information without specific patient consent or authorization in the following circumstances:

- Emergencies
- Identification of deceased, or cause of death
- Public health issues (including abuse, neglect or domestic violence)
- Healthcare system oversight
- Judicial and administrative proceedings
- Requirements under law enforcement
- Requirements for specialized government functions (e.g. military, national defense and security activities)

Other than the above listed exceptions MMPTC may not release your PHI unless an authorization is provided with your signature. The authorization that you sign will have specifications of necessary PHI to be released, the purpose of the information, and a specific period when the relevant treatment was provided.

If you are treated at MMPTC, you have the right to review and to request copies of your PHI including confidential communications of PHI. To request copies or to review your records, MMPTC requires that your dated request be submitted in writing. We will respond to your request within 30 days. You will have the opportunity to review your records in the presence of a staff member and copies will be made available if you wish.

If, in your opinion, there is an error in your records you have the right to request a correction or addition. Please submit your dated request for correction/addition in writing with details of your concerns. MMPTC will review the request, and a written response will follow within 30 days. MMPTC may deny or grant your request for an amendment of your PHI. If your request results in a correction/addition, MMPTC will forward a copy of the corrected record to all parties who may have received the record with error. You also have the right to request a reporting of non-routine use and disclosure of your PHI. This request must be dated and in writing and MMPTC will reply in writing within 30 days.

Additionally you have the right to a copy of this notice and to review our full "Privacy of Medical Records Policy". If you so request, please contact the Office Manager at (570) 558-0290. Any complaints regarding the use or disclosure of your PHI may be directed to MMPTC or the Secretary of the Department of Health and Human Services with no retaliation for filing the complaint. If you have additional questions regarding this privacy notice please contact our Office Manager at (570) 558-0290.

MMPTC reserves the right to amend this Privacy Notice. Amendments will be promptly provided to our patients as posted in our office. MMPTC is required to retain your medical records and your signed privacy notice for a minimum of 6 years.

Attached to this document is a general release for the purpose of treatment, payment and health care operations only. **The general release does not allow release of any information other than that identified in this notice.** We request that you sign this general release prior to treatment being rendered.

If you fail to sign the release, MMPTC reserves the right to limit or discontinue treatment. You have the right to limit or rescind the release of **all** medical information. If you do so, MMPTC is not required to agree to the requested restriction and MMPTC retains the right to review your care for further treatment. In all cases, MMPTC will retain the right to release your information for payment, treatment and operations for services rendered prior to the receipt of such restriction.