

Diamond Physical Therapy Associates, PC  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

We, at Diamond Physical Therapy Associates, PC, pledge to provide you with the highest quality of care and to build a relationship that is based on trust which includes our commitment to respect the privacy and confidentiality of your health information.

#### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about your privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice when it is in effect. This Notice takes effect in April of 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

#### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

**Diamond Physical Therapy Associates, PC uses and discloses health information for many different purposes:**

- **For treatment.** We may use medical information about you to provide you with medical treatment. We may disclose this information to other health care providers involved in your care.
- **For payment.** We may use and disclose your health information in order to bill and collect payment for the treatment and services provided you.
- **For health care operations.** We may disclose your health information for activities that are known as health care operations. Healthcare operations may include but are not limited to consulting services, quality control activities, administrative functions, licensing or credentialing activities, performance evaluations, and training programs. If shared with "business associates" they must agree to maintain the privacy of your health information.
- **Other uses of your health information.** Diamond Physical Therapy Associates, PC may use your health information to contact you about: scheduled appointments, registration/insurance updates, information about patient care issues and treatment choices, and other health-related benefits and services that may be of interest to you.

**We may disclose your health information to others without your consent in certain situations:**

- **Emergency treatment.** If you are unable to communicate with us (unconscious or in severe pain).
- **Required by law.** When disclosure of health information required by federal, state, or local law, administrative or legal proceedings, health oversight activities, or by law enforcement.
- **Public health activities...**such as recording births, deaths, various diseases required by law.
- **Business associates.** There are some services provided in our practice through contracts with business associates for your care.
- **Research purposes.** In certain circumstances this practice may provide health information in order to conduct or participate in medical research... only if approved by our local IRB.

- **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel.
- **Specific government functions.** We may disclose health information of military personnel and veterans in certain situations or for national security purposes.
- **Worker's compensation purposes.** To comply with laws relating to worker's compensation or other similar programs.

**In any other situation not described in the section above, we will ask for your written authorization before using or disclosing any of your health information.**

## **YOUR HEALTH INFORMATION RIGHTS**

**You have the right to:**

- **Request Limits on Uses and Disclosure of Your Health Information.** We will consider your written request but are not legally required to accept it. If we accept your request we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. You have the opportunity to object to disclosure to family, friends or others.
- **The Right to ask that Your Health Information Be Communicated to You in a Confidential Manner.** You have a right to request that we communicate with you about your health information by alternative means or to alternative locations. Your written request must be clearly stated. We will try to honor all reasonable requests.
- **The Right to See and Get Copies of Your Health Information.** We will respond within 30 days to a written request of your records. We will notify you of any charges for the cost of copying and postage.
- **The Right to Receive an Accounting of Disclosures.** You may request a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities which do not require your consent, beginning April 14, 2003. This request must be in writing and we will respond within 60 days. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.
- **The Right to Correct or Update your Health Information.** If you think that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. This request must be in writing and we will respond within 60 days. You must explain why you think the information should be amended. If we deny part or all of your request, our written denial will state the reasons for denial and explain your rights.

## **QUESTIONS AND COMPLAINTS ABOUT OUR PRIVACY PRACTICES**

If you think that Diamond Physical Therapy Associates, PC may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with Laura Diamond, MS, PT, Privacy Officer. You also may send a written complaint to either of the two agencies below.

### **Office of Civil Rights**

US Department of Health and Human Services  
Government Center  
J.F. Kennedy Federal Building – Room 1875  
Boston, Massachusetts 02203

### **Sec of Dept of HHS**

200 Independence Ave. S.W.  
Washington, DC 20201  
877-696-6775  
Or EMAIL:  
[Hhs.mail@hhs.gov](mailto:Hhs.mail@hhs.gov)

## **PERSON TO CONTACT FOR INFORMATION**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of Health and Human Services, please contact Laura Diamond, MS, PT, Privacy Officer, 410 Boston Post Road, Suite 29, Sudbury, MA 01776. Diamond Physical Therapy Associates, PC will take no retaliatory action against you if you file a complaint about our privacy practices.