



NOTICE OF PRIVACY PRACTICES

Your have the right to

1. Get a copy of your paper or electronic medical record
2. Correct your paper or electronic medical record
3. Request confidential communication
4. Ask us to limit the information we share
5. Get a list of of those with whom we've shared your information
6. Get a copy of this privacy notice
7. Choose someone to act for you
8. File a complaint if you believe your privacy rights have been violated

You have some choices in the way that we use and share information as we:

1. Tell family and friends about your condition
2. Provide disaster relief
3. Include you in a hospital directory
4. Provide mental health care
5. Market our services and sell your information
6. Raise funds

We may use and share your informed as we:

1. Treat you
2. Run our organization
3. Bill for your services
4. Help with public health and safety issues
5. Do research
6. Comply with the law
7. Respond to organ and tissue donation requests
8. Work with medical examiner or funeral director
9. Address workers' compensation, law enforcement, and other government requests
10. Respond to lawsuits and legal action

680 RT-33E, Unit 14, East Windsor, NJ 08520 * Phone: (877) 752-9637 * Fax: (732) 605-5963 * Email: info@impactptnj.com



This is an explanation of your rights and some of our responsibilities to help you.

1. Get an electronic or paper copy of your medical record.

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

2. Ask us to correct your medical record.

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may decline your request, but we will provide you a reason in writing within 60 days.

3. Request confidential communications.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address

4. Ask us to limit what we use or share.

You can ask us not to use or share certain health information or treatment, payment, or our operations. We are not required to agree to your request, and we may decline if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your insurer. We will accommodate your request unless a law requires us to share that information.

5. Get a list of those with whom we have shared information

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you requested, who we shared it with and the reason for sharing the information. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one list (accounting) per year for free but will charge a reasonable, cost-based fee if you request another one within 12 months.

6. Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

7. Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

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8. File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

9. In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation. Include your information in a hospital directory

If you are not able to tell us your preference, for example you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious imminent threat to health or safety

10. In these cases we never share your information unless you give us written permission

Marketing purposes, sale of your information, most sharing of psychotherapy notes

11. In the case of fundraising.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

How we typically use or share your health information.

1. Treat you - we can use your health information and share it with other professionals who are treating you. Example: a doctor treating you for an injury asks another doctor about your overall health condition.
2. Run our organization - we can use and share your health information to run our practice, improve your care, and contact you when necessary.
3. Bill for your services - we can use and share your health information to bill and get payments from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.



4. Help with public health and safety issues - we can share health information about you for certain situations such as : preventing disease, helping with product recalls, reporting adverse reactions to medication, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
5. Do research - we can use or share your information for health and research
6. Comply with the law - we will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it want to see that we're complying with federal privacy law.
7. Respond to organ and tissue donation request - we can share health information with a coroner, medical examiner, or funeral director when an individual dies.
8. Address workers' compensation, law enforcement, and other government requests - we can use or share health information about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
9. Respond to lawsuits and legal actions - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our responsibilities

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information refer to :

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the terms of this notice: we can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office , and on our website.

Effective Date: October 2020

This notice applies to Impact Physical Therapy LLC which provides outpatient rehabilitation services in New Jersey.

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