

## PATIENT 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.**

The information which we collect from you upon your first visit, including your name, date of birth, insurance, phone numbers, address, etc., along with the reason for which you are receiving physical therapy is private. We are required to provide you with a notice of our privacy practices to inform you of your right to adequate notice of how we use the information we collect. Only those with the legal right to access your information will be granted permission by us. Your information will only be disclosed in this manner for use in treatment, payment, and health care operations. Only with your written permission will we disclose your personal information for use in any way besides the three previously mentioned.

- **Treatment:** As our patient we may disclose medical information about your condition in order to coordinate your treatment. For example, we may need to disclose treatment information to your doctor through notes of progress for any follow up visits.
- **Payment:** We may disclose information about the care you receive from us to your insurance company so that we can be correctly reimbursed. For example, we will send your health insurance company a bill specifying the type of treatment you have received during your visit.
- **Health Care Operations:** We may share information within our business to improve the quality of service we provide. This can include training new employees and reviewing your treatment to analyze our services.
- **Patient Communication:** We may contact you by phone or mail in regards to any upcoming appointments, referrals, authorizations, billing, insurance, etc. that may be of interest to you.
- **Family:** We may disclose information to any family members whom you have identified and whose involvement is relevant to your care and payment of our services.
- **Other reasons:** If for any reason besides the previously discussed, your information needs to be shared, we will only do so with your written permission as your privacy is very important to us. Also, if at any point you change your mind, you have the right to revoke the written consent.
- In addition, as required by Massachusetts law and federal regulations, we will release information when required to do so for legal reasons.

You have the right to access your protected health information and you may request to see this information through a written request to:

Achieve Physical Therapy, LLC. 411 Mass Ave., Suite 302, Acton, MA 01720

All of our staff is required to adhere to this policy and we will not tolerate any violations of the policy which is posted and currently in effect. We also reserve the right to change this notice if appropriate, and the new notice will be applied to any new health information and previously collected health information. If there are changes to this policy, they will be posted promptly and these new changes will take immediate effect.

If you want to address any of your rights stated in this notice, or have any questions, comments, or concerns regarding your protected health information please contact us at: (978) 263-0007

**This Privacy Notice is HIPAA (Health Insurance Portability and Accountability Act) Compliant.**