



1220 New Scotland Road; Suite 103; Slingerlands, NY 12159 p: (518) 439-5006 f: (518) 439-6143

PRIVACY POLICY

NOTICE OF PATIENT INFORMATION PRACTICES

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

Capital Region Physical Therapy's Legal Duty

Capital Region Physical Therapy is required by law to protect the privacy of your personal health information, to provide this notice about our information practices, and to follow the information practices that are described herein.

Uses and Disclosures of Health Information

Capital Region Physical Therapy uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide. For example, we may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or health-related benefits that could be of interest to you. Capital Region Physical Therapy may also disclose your personal health information without prior authorization for public health purposes, auditing purposes, research studies, and for emergencies. We also provide information when required by law. In any other situation, Capital Region Physical Therapy's policy is to obtain written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

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 any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Capital Region Physical Therapy will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

Concerns and Complaints

If you are concerned that Capital Region Physical Therapy may have violated your privacy rights or if you disagree with any decisions we have regarding access or disclosure of your personal health information, please contact us at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Capital Region Physical Therapy's health information practices, or if you have a complaint, please contact:

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