

Notice of Privacy Policy

We have a legal responsibility to focus on the privacy and security of your Protected Healthcare Information (PHI). The federally-mandated program, Health Insurance Portability & Accountability Act of 1996 (HIPAA), has set standards for the disclosure and protection of individually identifiable health information and any medical records related to those individuals. This Act gives you the right to understand and control how your health information is being disclosed. In compliance with HIPAA, we are notifying you of your responsibilities and how we are required to maintain privacy of your records.

We may disclose your PHI for the following purposes: treatment, payment and health care operations. We do not need further authorization if this disclosure is required by law, for public health purposes, to report abuse/neglect, is required by coroner or medical examiner, to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is requested by military authorities if you are a member of the armed forces.

We may contact you by mail, phone, or email to remind you of appointments or to provide information about events at BodyFit Physical Therapy and Wellness. Unless you instruct us otherwise, we may leave a message for you on an answering device or with any person who answers the phone.

Other uses and disclosures will be made only with your written consent and authorization. Should you wish to revoke the authorization, you may do so in writing, and the sharing of your PHI will be stopped immediately.

You, the patient, may request in writing the following list of rights regarding your PHI:

- The right to request limits regarding the disclosure of your PHI (specifically related to the sharing with family members, close friends or any other person identified by you). We will carefully consider your request but are not legally required to agree to it. Restriction requests do not apply to the uses that we are legally required or allowed to make.
- The right to request how PHI is communicated to you by our practice.
- The right to request and copy your PHI. Request must be in writing, and we may charge a fee to cover the cost of copying and mailing.
- The right to request (in writing) a correction or otherwise update your PHI. We will consider the reason for an amendment but are not required to agree to a change.
- The right to request and receive a list of disclosures of any PHI made by our office.
- The right to request and receive a copy of this notice at any time.

Complaints: if at any time you feel your privacy rights have been violated you may file a written complaint to Attn: Privacy Officer, BodyFit Physical Therapy and Wellness, 147 W 24th Street, 7th Floor, New York, NY, 10011. Your complaint or concerns will not affect the quality of care provided to you by BodyFit Physical Therapy and Wellness.