



**HEALTH PLUS PHYSICAL THERAPY CENTER, P.A.  
NOTICE OF PRIVACY PRACTICE**

We recognize the sensitive nature of personal health information. We are committed to protecting your privacy as well as your health. Therefore, the following notice of privacy practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**USES AND DISCLOSURES OF HEALTH INFORMATION:**

Pursuant to law, we may use health information about you for treatment (Such as sending your medical record information to a specialist physician as part of a referral), to obtain payment for treatment (Such as sending billing information to a health insurance plan), for administrative purposes, and to evaluate the quality of care that you receive (Such as comparing patient data to improve treatment methods).

Although the law does not require that we obtain a signed consent from you for treatment, payment or healthcare operation purpose, we encourage you to sign consent so that you are aware of our concern and practices regarding protection of your personal health information.

Our policies and procedures are designed to protect your privacy. We may need to use or disclose identifiable health information about you without your authorization for several other reasons, such as required by law. Subject to certain requirements, we may disclose health information for public health purpose, abuse or neglect reporting, auditing purpose, research studies, funeral arrangements, organ donation, and worker's compensation purpose, and/or emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may also contact you about appointment reminders or treatment alternatives or to raise funds. In any other situation, we will ask for your written authorization before using or disclose information, you can later revoke that authorization to stop any future uses and disclosure.

We may change our policies in the future. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area, in each examination room, and on our website. You can also request a copy of our notice at any time. For more information about our privacy practices, please contact the person listed below.

**INDIVIDUAL RIGHTS:**

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, Health Plus Physical Therapy Center, P.A charges you a photocopying fee. You have the right to receive a list of instances where we have disclosed health information about you for reason other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect, or if important information is missing, you have the right request that we correct the existing information or add the missing information.

You have the right request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

You may request in writing that we not use or disclose your information for treatment, payments, or administrative purposes or to persons involved in your care except when specially authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

#### COMPLAINTS:

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filling a complaint.

#### OUR LEGAL DUTY:

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any question or complaint, please contact:

Health Plus Physical Therapy Center, P.A  
Attn: Nirali Patel, RPT  
2114 Oak Tree Road,  
Edison, NJ 08820  
(732) 494-5999



**HEALTH PLUS PHYSICAL THERAPY CENTER, P.A.  
CONSENT TO USE/DISCLOSE HEALTH INFORMATION FORM**

Although Health Plus Physical Therapy Center, PA is not required by law to obtain a signed consent from you for treatment, payment or healthcare operation purpose, we encourage you sign this consent so that you are aware of our concern and practices regarding protection of your personal health information.

Should you desire a more complete description of the permissible uses and disclosures of your protected health information. You have the right to review a Notice of Privacy Practices (the "Notice") prior to signing this consent.

The Notice is available by contacting the Privacy Officer. Please note that Health Plus Physical Therapy Center, PA reserves that right to change the privacy practices described in the Notice. Should you wish to obtain a revised Notice, please contact the Privacy Officer.

By signing this consent, you agree that Health Plus Physical Therapy Center, PA may use or disclose your protected health information to carry our treatment, payment, or health care operations.

You have the right to request that Health Plus Physical Therapy Center, PA restrict how your protected health information is used or disclosed to carry our treatment, payment, or health care operations. However Health Plus Physical Therapy Center, PA is not required to agree to such restrictions. If Health Plus Physical Therapy Center, PA does agree to restriction that you request, such restriction will be binding.

You have the right to revoke this consent in writing, except to the extent that Health Plus Physical Therapy Center, PA has taken action in reliance on your consent.

***Acknowledgement and Agreement***

I consent to Health Plus Physical Therapy Center, PA sending protected health information to the insured in the event that I am receiving treatment but are not the insured under my insurance policy. Such information may include, but not be limited to explanation of benefits ("EOB") or invoices regarding my treatment. I understand that if I do not want such protected health information mailed to the insured, then I will notify Health Plus Physical Therapy Center, PA of my objection and will completed a request for Restriction of Use and Disclosure Forms.

In addition, I understand and accept the risk of unintentional disclosure of my protected health information because the treatment and reception area is an open area where I and other patients are treated simultaneously. I understand that other patients and/or therapist/staff may inadvertently overhear some of my protected health information. I also agree not to disclose any protected health information that I might inadvertently overhear about other patients while I am receiving treatment in the open treatment area.

I consent to Health Plus Physical Therapy Center, PA releasing my protected health information to the following individuals:

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*Name*

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*Relationship to Patient*

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*Name*

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*Relationship to Patient*

I have received a copy of Health Plus Physical Therapy Center, PA Notice of Privacy Practices.

I hereby certify that I have read the provisions set forth in this consent. I understand and agree to the terms of this consent.

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*Print Patient's Name*

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*Health Plus Physical Therapy Center, PA Universal ID#*

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*Signature of Patient or Representative*

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*Date*

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*Name of Patient Representative (if applicable)*

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*Relationship to Patient*