

## SUMMARY NOTICE OF PRIVACY PRACTICES

This notice is a summary of how your protected health information is used and disclosed and how you can obtain access to this information. You may request a copy of our full Notice.

### Uses and Disclosures of Health Information

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

We may use or disclose health information about you without your authorization for several other reasons such as for public health purposes, for emergencies, and other disclosures required by law. In any other situation, we will ask for your written authorization before using or disclosing any health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any disclosures.

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

### Your Rights

Although your health record is the physical property of Center for Orthopedic & Lymphatic Physical Therapy, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of privacy practices upon request
- View and obtain a copy of your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

### 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 also may 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.

### 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 questions or complaints, please contact Melissa Mercogliano PT, DPT, OCS.