



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.

COMPLETE REHABILITATION & SPORTS THERAPY'S LEGAL DUTY

Complete Rehabilitation & Sports Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practice and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Complete Rehabilitation & Sports Therapy uses your health information primarily for treatment, conducting internal administrative activities and evaluating the quality of care we provide. For example, Complete Rehabilitation & Sports Therapy may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Complete Rehabilitation & Sports Therapy may also use or disclose your personal health information without prior authorization for public health purposes, for research studies and for emergencies. We also provide information when required to do so by law.

In any other situation, Complete Rehabilitation & Sports Therapy may change its policy at anytime. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you at your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENTS 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 record. 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 administrative purposes.

You may also request in writing that we do 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. Complete Rehabilitation & Sports Therapy will consider all such request on a case-by-case basis, but Complete Rehabilitation & Sports Therapy is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Complete Rehabilitation & Sports Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address below. You may also send a written complaint to the U.S. Department of Health and Human Services.

For further information on Complete Rehabilitation and Sports Therapy's health information practices or if you have a complaint, please contact the following person(s).

COMPLETE REHABILITATION & SPORTS THERAPY

9A Montauk Hwy Blue Point, NY 11795
Phone: 631-585-5915 Fax: 631-585-5916

I, the undersigned, have read and fully understand the above Notice of Patient Information Practices.

Print Patient Name: _____ Relationship to Patient: _____

Signature (Parent/Guardian of Minor Patient Signature): _____ Date: _____