

# Patient Forms and Consents

## Moriarty Physical Therapy

301 Manchester Rd, Ste 101  
Poughkeepsie NY 12603-2587  
845-454-4137

### NOTICE OF PRIVACY PRACTICES

Effective 01/01/2020, Revised 01/01/2020

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

#### Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment.

#### Who Will Follow this Notice

All physicians, licensed health care personnel, employees, staff and other office personnel. Any independent health care professional who may provide services at our office and is authorized to enter information into your medical record. All students or trainees. Any persons or companies with whom Moriarty Physical Therapy contracts for services to help operate our practice and who have access to our patients' medical information.

#### Our Responsibility Regarding Protected Health Information

Your 'protected health information' is individually identifiable health information. This includes demographics such as age, address, email address, and relates to your past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

Make sure that your protected health information is kept private.

Give you this notice of our legal duties and privacy practices related to the use and disclosures of your protected health information.

Follow the terms of the notice currently in effect.

Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about your child as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

#### Our System

Moriarty Physical Therapy works with several agencies and referral sources. Your health information will be shared in the following manner:

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes disclosure to your physician or other health care providers who becomes involved in your care.

Within our office for administrative activities, quality assessment, oversight and peer review.

With our billing personnel and as necessary to obtain payment for your health care services.

With your insurance company or other payers as required for payment.

With the referring agency and case manager.

With any other provider, school and/or agency with your written request. You may request written or verbal information sharing in writing. Your request should include a specified period of time for information sharing.

### **Required by Law**

We may use or disclose your protected health information if law or regulation requires the use or disclosure. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

### **Health Oversight**

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

### **Legal Proceedings**

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

### **Parental Access**

We may disclose your protected information to parents, guardians and persons acting in similar legal status.

### **For Health Care Operations**

Moriarty Physical Therapy, staff and business associates may use and disclose medical information about you to operate this office. For example, Moriarty Physical Therapy may use medical information to call out your name in the waiting room, to review treatment and services or to evaluate the qualifications and performance of therapists in caring for you. Moriarty Physical Therapy, may also disclose information to licensing authorities or offices who evaluate qualifications and review care to determine if Moriarty Physical Therapy and its therapists can be licensed, credentialed, certified or approved under a health plan or to treat patients at a particular facility. Moriarty Physical Therapy, may contract with other professionals or companies, such as medical record transcription services, consultants, financial advisors or legal counsel, to help us run the practice and who have agreed to follow our Notice of Privacy Practices.

### **Contacting You**

Unless Moriarty Physical Therapy has agreed in writing to your written request to handle these matters differently, Moriarty Physical Therapy may use and disclose medical information to leave you a message or send you a letter concerning an appointment or to ask you to call concerning your care or your account. Moriarty Physical Therapy will use the contact information that you provide.

### **Individuals Involved in Your Care**

Moriarty Physical Therapy may disclose medical information about your child to a friend or family member who is involved in your medical care, unless you object. You can object to these disclosures by notifying Moriarty Physical Therapy in writing that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, Moriarty Physical Therapy will use our professional judgment to decide whether it is in your best interest to disclose relevant information to someone who is involved in your care.

### **Research**

Under certain circumstances, Moriarty Physical Therapy may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received treatment to those who received another for the same condition. Moriarty Physical Therapy will obtain your written consent if the researchers will know who your child is. Medical information about your child that has had all identifying information removed may be used for research without your consent.

### **Uses and Disclosures of Protected Health Information Requiring Your Permission**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Since some of our therapies are provided in your home or other natural environments, those present during the session, including friends, family, or day care providers may hear health information regarding your child. Please notify our office in writing if you do not want your protected health information to be discussed with those present during the session. If your child receives therapy at our office the therapist may discretely share your progress in the waiting room in front of other patients. If you do not wish to have your progress shared in the waiting room, please notify our office in writing.

### **Your Rights Regarding Your Health Information**

You may exercise the following rights by submitting a written request to the Moriarty Physical Therapy office.

You may inspect and obtain a copy of your protected health information that we keep as a part of medical and billing records.

You may ask us not to use or disclose any part of your health information for treatment, payment, or health care operations.

Your request must be made in writing. This request will be honored if we mutually agree that the restriction will not harm your child.

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request.

We will accommodate reasonable requests, when possible.

If you believe that the information we have about your child is incorrect or incomplete, you may request an amendment to your protected health information as long as we are responsible for and maintain this information.

### **Federal Privacy Laws**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act and the Privacy Act. These laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected information.

### **Changes to the Notice of Privacy Practices**

Moriarty Physical Therapy reserves the right to change this notice. Moriarty Physical Therapy reserves the right to make the revised or changed notice effective for medical information already held about you as well as any information received in the future. Moriarty Physical Therapy will post a copy of the current notice in the office. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

### **Questions and Complaints**

If you have any questions about this notice, please contact the Privacy Officer at 845-454-4137. To notify our office in writing of a request please mail to the following: Privacy Officer, Moriarty Physical Therapy, 301 Manchester Rd, Ste 101, Poughkeepsie NY, 12603-2587. If you have a complaint about your privacy rights, you may file a written complaint with this office or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at 845-454-4137. You will not be penalized for filing a complaint.

### **PAYMENT FOR SERVICES AGREEMENT**

#### *Services to be Provided*

Moriarty Physical Therapy will provide therapy services for your child (patient) in accordance with the orders provided by the patients physician. It is understood that licensed therapists employed by Moriarty Physical Therapy will complete the services provided. The responsibly party gives permission for the patient to receive therapy services provided by Moriarty Physical Therapy.

#### *Insurance Benefits*

Moriarty Physical Therapy will verify the patients benefits, file the claims for services provided with the insurance carrier, and notify the responsible party of their financial responsibility. The responsible party understands that the verification of benefits and authorization is not a guarantee of payment and that they are responsible for all charges not paid by the insurance company.

#### *Assignment of Insurance Benefits*

The responsible party authorizes any insurance carrier that provides insurance coverage for the patient, to make direct payments to Moriarty Physical Therapy for all services rendered. The responsible party will accurately inform Moriarty Physical Therapy of the patients insurance coverage and provide information regarding coverage changes within 5 working days of the change.

#### *Release of Information for Reimbursement*

The responsible party authorizes the release of information pertaining to the patients diagnosis and course of treatment to Moriarty Physical Therapy by the patients physician and any other therapy service providers involved in the patients care. The responsibly party also authorizes the release of information to the patients physician and any other agencies related to reimbursement issues.

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Signed By

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Date