

**HERITAGE HEALTH AND PHYSICAL THERAPY LLC (HH & PT LLC)**  
**HIPAA NOTICE OF PRIVACY/SECURITY PRACTICES**

**THIS NOTICE OF PRIVACY PRACTICES (NPP) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Heritage Health and Physical Therapy LLC (HH & PT LLC)** is committed to maintaining the privacy of your health information. We are required by law to give you this Notice that describes our legal duties and privacy practices concerning your health information. As required by law, you also have the right to receive any security breach notifications.

If you have any questions about this Notice, please contact us at:

(973) 940-0871, or write to us at:

Heritage Health & Physical Therapy, LLC

Attn: Privacy Officer

514 Lafayette Rd., Suite E

Sparta, NJ 07871

**Description of Disclosures for Treatment, Payment, and Operations**

**Treatment:** At HH&PT LLC your services may begin with a referral order from your physician. This order describes the service being requested and the clinical reason the service is being requested. Results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment:** Your protected health information (PHI) may be used as part of our billing process and we may send it to insurance companies or other appropriate parties, including to you, to obtain payment for services. If you are insured under another person's health insurance policy, (e.g. parent, spouse, former spouse), we may also send invoices to the subscriber whose policy covers your health services. We may release medical information about you to a family member or friend involved in your care or payment for your care, as authorized by you in writing in the release of information section of HH&PT consent form.

**Operations:** We are permitted to use and disclose your PHI for Facility operations. These uses and disclosures are necessary to run the Facility and help to assure that we provide quality services to all our patients. For example, we are permitted to use medical information to evaluate the performance of staff in caring for you and to assist us in making improvements in the care and services that we offer. Information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

When in our office we will call you by name. We may also contact you to remind you of your appointment, in emergencies, or to request payment. Under certain circumstances, we are required to report specific health information to legal authorities, such as law enforcement, court officials, or government agencies.

**Other Uses of Medical Information:** Uses and disclosures for marketing purposes, disclosures that constitute a sale of PHI, and other uses and disclosures not described in the NPP will not be made unless written authorization from you is made. If you provide us with written authorization/permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to for operations or records of the care that we provided to you.

**Access:** Upon written request, you have the right to inspect and get copies of your health information. Once approved, an appointment will be set. We are permitted to charge you a fee to copy your health information in your medical record.

**Amend Health Information:** You may request changes to your health information and you will be asked to make such requests in writing to the Privacy Officer, along with a reason as to why your health information should be amended. We are not required, however, to honor your request if we did not create the information you are requesting be amended or if it is our professional opinion that the information in your record is accurate and complete.

**Non-Routine Disclosures:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you, excluding disclosures for the purposes of treatment, payment, and healthcare operations, within the past two years from the date of your written request.

**Request Restrictions:** You may request that we agree to restrictions on certain uses and disclosures of your health information, but we are not required to agree with your request, with the following exception. You have the right to ask us to restrict the disclosure of health information to your health plan for a service we provided to you where you have directly paid us (out of pocket, in full) for that service, in which case we must honor your request.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer.

**Complaints:** If you believe your privacy rights have been violated, you have the right to file a complaint with us in writing to our Privacy Officer. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human services. You will not be penalized for filing a complaint.

**Note:** We reserve the right to change the terms of this Notice and to make the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Each time you are seen for health care services at our office, we will offer you a copy of the current notice in effect.

*Revised: April 2020*