



## **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 CAREFULLY.

### **EXCEL REHABILITATION & SPORTS THERAPY'S LEGAL DUTY**

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

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

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

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

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

### **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at anytime. 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 related 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 requires by law or in emergency circumstance. **Excel Rehabilitation & Sports Therapy** will consider all requests on a case-by-case basis, but the practice is not legally required to accept them.

### **CONCEARNS AND COMPLAINTS**

If you are concerned that **Excel 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 US Department of Health Services. For further information on **Excel Rehabilitation & Sports Therapy's** health information practices or if you have a complaint, please contact the following person(s):

Gregory Neilsen, MPT / Louis Cifarelli, DPT  
Excel Rehabilitation & Sports Therapy  
500 Portion Rd Suite 5, Lake Ronkonkoma, NY 11779  
Tel: 631-588-2100 Fax: 631:588-2299

*I have read the above Patient Information Practices Notice*

*Patient Signature:* \_\_\_\_\_

*Patient/Guardian of Minor Patient Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_