



856-566-4400

**Physical
Solutions**

***Notice of Privacy Practices: Your
Personal Medical Information and
How it can be used and shared***

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE READ CAREFULLY

***Reasons Why Your Health Information Is
Shared***

Highly Confidential Health Information

Some health information is “highly confidential” because it is specially protected under the New Jersey law. “Highly confidential” information includes treatment information about mental, drug, or alcohol abuse/dependence; and genetic information. We are generally not permitted to disclose your highly confidential health information unless you authorize to do so. You may learn more about when we are permitted to disclose your highly confidential health information without your permission by contacting our privacy office, this information appears on the back of this pamphlet.

***Treatment, Payment and Health Care
Operations Activities (“TPO”)***

We may use or disclose your health information for TPO purposes without your written authorization. This means that those who are involved in your care and treatment will have access to your health information. In order for us to receive payment for the care we provide to you, we will tell your insurance company about that care. We may also use health information for our own purposes, such as monitoring, planning and developing our care and services and educating our staff.

We may also provide health information from your medical records for the TPO activities of another healthcare provider or agency that is not affiliated with us. We would release information about you only if it were in connection with care or services that have been or will be delivered to you (including payment for such care or services).

***Other Uses and Disclosures Not
Requiring Your Authorization***

We may also use or disclose your health information for the following:

- To inform you about treatment options or alternatives, or health-related benefits or services that we think may interest you;
- To provide you with appointment reminders such as voicemails, text messages, postcards or letters;
- To business associated that perform certain key functions or processes for us. Business Associates must provide written assurance that they will safeguard and protect the privacy of your health information;
- To communicate with authorities when we are required to do so by law, for health oversight activities conducted for or by governmental agencies, and for public health activities, such as to report suspected child abuse, communicable diseases, or certain types of injuries;
- For workers’ compensation or similar programs as permitted or required by law;
- To military command authorities as required by law if you are or were a member of the armed forces;
- To prevent or lessen a serious threat to your health and safety or the health and safety of someone else;
- For law enforcement purposes, if we are permitted to do so by law, and to authorized federal officers;
- If we are directed to do so by court order;
- To correctional institutions if required to do so by law.

***When You Can Restrict the Use of
Information***

You may restrict or limit our use or disclosures of your health information for the following purposes:

- For the involvement of your family or others in your care or payment for your care not covered by this Notice will Other uses and disclosures of your health information be made only with your written permission. You can revoke that permission, in writing; but if you do, we are unable to take back any disclosures we already made with your permission

Your Rights Regarding Your Health Information

- You have the right to review and copy your health information, with limited exceptions. You must submit your request in writing to Physical Solutions Inc. We may charge a fee to provide you with copies.
- We may deny your request to look at or get a copy of your health information. If we do we will explain the reasons to you, and in most cases you may have the denial reviews.
- You have the right to request corrections or your health information. Your request must be in writing, and it must explain the corrections to be made. We may deny your request under certain circumstances; if we do, we will explain the reasons to you
- With certain exception you have the right to know when (after April 14, 2003) we shared your health information without your authorization. We will provide you with a listing of these disclosures of you request it. If you request this listing more than once in a 12-month period, we may charge you a fee for the additional requests.
- You have the right to request that we restrict or limit some of our uses or disclosures of your health information. We are not required to agree to those restrictions.
- 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 contact you only at work pr by mail. Your request must be in writing, and you must tell us where and how to contact you. We may require you to explain how payments will be handled under the alternative means or location you request.

Physical Solutions Inc. is committed to protecting that privacy of patients. As required by law, we treat all health information confidentially. Physical Solutions Inc has developed a Privacy Compliance Program o ensure he privacy and confidentiality of your health information. This Notice describes the privacy practices of Physical Solutions Inc.

Understanding Your Health Record Information

Each time you visit Physical Solutions Inc; we create a record of your visit. Typically, this record contains your symptoms, examination, diagnoses, treatment, and a plan for the future care or treatment. This medical record is a valuable tool that serves a number of purposes, such as;

- Planning your care and treatment
- Communication with those who provide you with care or services;
- Allowing your insurer to verify that services billed were actually provided;
- Education healthcare professionals;
- Providing information for our planning and marketing activates;
- Assessing our own performance so that we can continue to improve our care and services.

Although the physical record that we create is the property of Physical Solutions Inc., the information in it is about you, and belongs to you. We want to help you make informed decisions about who has access to your health information.

Our Legal Duty

We are required by law to protect your health information. We are also required o give you this Notice about our privacy practices, our legal duties and your rights concerning your health in information. We will follow the privacy practices that are in this Notice while it is in effect.

For More Information

If you have questions or would like additional information, you may contact our privacy officer:

Physical Solutions Inc.

1250 Chews Landing Road

Gloucester Township, NJ 08021

(856)566-4400

If you believe our privacy rights have been violated, you can file a complaint with the Secretary of the U.S. Department of Health and Human Services, or directly with Physical Solutions Inc, by contacting the Privacy Officer at the listed address and telephone number.

Effective Date; Revisions

The effective date of this Notice: April 14, 2003

We reserve the right to change our privacy practices and the terms of our Notice at any time, as permitted by the law. We reserve the right to make those changes effective for all health information that we maintain, even if we create or received it before we made the changes.

