

**HIPAA
Notice of Privacy Practices**

This notice describes how medical information about you as a patient of this practice may be used and disclosed and how you can get access to this information. Please review it carefully.

Michelle Dela Rosa, PT, DPT, MS
Privacy Officer
NPI 1740595602
Michelle Dela Rosa PT LLC dba Connect Physical Therapy
1675 Whitehorse Mercerville Rd
Suite 101
Hamilton, NJ 08619
609-584-4770

This Notice of Privacy Practices describes how Michelle Dela Rosa PT LLC may use and disclose your protected health information to carry out treatment, payment or health care operations or for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Michelle DelaRosa PT LLC is required to abide by the terms of this Notice of Privacy Practices. Michelle Dela Rosa PT LLC may change the terms of our notice, at any time. The new notice will be effective for all protected health information that is maintained at that time. Upon your request, Michelle Dela Rosa PT LC will provide you with any revised Notice of Privacy Practices by accessing the website www.connectpt.org or by calling the office at the above number and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

The term "provider" used in this document applies to but is not limited to the following individuals: Physician, Dentist, Optometrist, Radiologist, Audiologist, Nurse Practitioner, Physician Assistant, Dietician, Social Worker, Psychiatrist and Physical Therapist.

1. Uses and Disclosures of Protected Health Information:

Your protected health information may be used and disclosed by your provider, myself and others outside of Michelle Dela Rosa PT LLC that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to allow for billing and payment of your health care bills and to support the operation of the providers' practice. Following are examples of the types of uses and disclosures of your protected health care information that the provider's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by my office once you have, provided this acknowledgement.

Treatment: Michelle Dela Rosa PT LLC will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, Michelle Dela Rosa PT LLC would disclose your protected health information, as necessary to a hospital that provides care to you. Michelle Dela Rosa PT LLC will also disclose protected health information to other providers who may be treating you. For example, your protected health information may be provided to a provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you. In addition, Michelle Dela Rosa PT LLC may disclose your protected health information from time to time to another provider or health care

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provider (e.g., a specialist or laboratory) who at the request of your provider becomes involved in your care by providing assistance with your health care diagnosis or treatment to your provider.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommended for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: Michelle Dela Rosa PT LLC may use or disclose, as needed, your protected health information in order to support the business activities of my practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, Michelle Dela Rosa PT LLC may disclose your protected health information to medical school students that see patients at my office. Michelle Dela Rosa PT LLC may also call you by name in the waiting room. Michelle Dela Rosa PT LLC may use or disclose your protected health information, as necessary to contact you to remind you of your appointment.

Michelle Dela Rosa PT LLC will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, Michelle Dela Rosa PT LLC will have a written contract that contains terms that will protect the privacy of your protected health information.

I may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. Michelle Dela Rosa PT LLC may also use and disclose your protected health information for other marketing activities. For example, your name and address may, be used to send you a newsletter about the practice and the services offered. Michelle Dela Rosa PT LLC may also send you information about products or services that Michelle Dela Rosa PT LLC believes may be beneficial to you. You may contact Michelle Dela Rosa PT LLC to request that these materials not be sent to you.

Other Uses and Disclosures of Protected Health Information Based upon Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that my practice has already taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made with or without Written Authorization: Michelle Dela Rosa PT LLC may use and disclose your protected health information in the following instances: You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then Michelle Dela Rosa PT LLC may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare or Payment for Your Care: Unless you object, Michelle Dela Rosa PT LLC may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment for your care. If you are unable to agree or object to such a disclosure, Michelle Dela Rosa PT LLC may disclose such information as necessary if determined that it is in your best interest based on professional judgment. Michelle Dela Rosa PT LLC may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your

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location, general condition or death. Finally, Michelle Dela Rosa PT LLC may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: Michelle Dela Rosa PT LLC may use or disclose your protected health information in an emergency treatment situation. If this happens, Michelle Dela Rosa PT LLC shall try to obtain your acknowledgment as soon as reasonably practicable after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you, and the provider has attempted to obtain your acknowledgment but is unable to, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: Michelle Dela Rosa PT LLC may use and disclose your protected health information if your provider or another providers in the practice attempts to obtain acknowledgment from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to acknowledge to use or disclose under the circumstances. An example of this would be a deaf patient or where there was not a common language between patient and provider

Required by law: Michelle Dela Rosa PT LLC may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: Michelle Dela Rosa PT LLC Therapy may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Michelle Dela Rosa PT LLC may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: Michelle Dela Rosa PT LLC may disclose your protected health information, if requested or authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: Michelle Dela Rosa PT LLC may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: Michelle Dela Rosa PT LLC may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, Michelle Dela Rosa PT LLC may disclose your protected health information if Michelle Dela Rosa PT LLC believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: Michelle Dela Rosa PT LLC Therapy may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects, or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

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Legal Proceedings: Michelle Dela Rosa PT LLC may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to subpoena, discovery request or other lawful process.

Law Enforcement: Michelle Dela Rosa PT LLC may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal process and otherwise required by law, (2) limited information requests for identification and location purpose, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: Michelle Dela Rosa PT LLC may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. Michelle Dela Rosa PT LLC Therapy may also disclose protected health information to funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Michelle Dela Rosa PT LLC Therapy may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: Michelle Dela Rosa PT LLC may disclose your protected health information to researchers when their research has been proved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, Michelle Dela Rosa PT LLC may disclose your protected health information, if Michelle Dela Rosa PT LLC believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Michelle Dela Rosa PT LLC may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, Michelle Dela Rosa PT LLC may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. Michelle Dela Rosa PT LLC may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Worker's Compensation: Your protected health information may be disclosed by me as authorized to comply with worker's compensation laws and other similar legally established programs.

Inmates: Michelle Dela Rosa PT LLC may use or disclose your protected health information if you are an inmate of a correctional facility and your provider created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, Michelle Dela Rosa PT LLC must make disclosures to you and, when required, to the Secretary of the Department of Health and Human Services, to investigate or determine my compliance with the requirements of Section 164.500 et seq.

2. Your Rights:

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Following is a statement of your rights, with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information: This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as Michelle Dela Rosa PT LLC maintains the protected health information. A "designated record set" contains medical and billing records and any other records that your provider and my practice uses for making decisions about you. You may be charged for the costs of copying and postage, if needed. If you request a summary of your "record set", you may be charged for the preparation of that summary. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your protected health information: This means you may ask Michelle Dela Rosa PT LLC not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or payment of your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Michelle Dela Rosa PT LLC is not required to agree to a restriction that you may request. If Michelle Dela Rosa PT LLC believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Michelle Dela Rosa PT LLC does agree to the requested restriction, Michelle Dela Rosa PT LLC may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider. You may request a restriction by contacting the Privacy Officer in writing to see if Michelle Dela Rosa PT LLC can accommodate a reasonable request. Please understand that these restrictions will only apply to the PHI that Michelle Dela Rosa PT LLC Therapy processes. Michelle Dela Rosa PT LLC has no control over the disclosure of PHI by third parties (i.e., insurance companies). If this is an issue for you, please contact your insurance company.

You have the right to request to receive confidential communications from me by alternative means or at an alternative location: Michelle Dela Rosa PT LLC will accommodate reasonable requests. Michelle Dela Rosa PT LLC may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Michelle Dela Rosa PT LLC will not request an explanation from you as to the basis for the request. Please make this request in writing to Michelle Dela Rosa PT LLC

You have the right to amend your protected health information: This means you may request an amendment of protected health information about you in a designated record set for as long as Michelle Dela Rosa PT LLC maintains this information. This request must be in writing to Michelle Dela Rosa PT LLC. In certain cases, Michelle Dela Rosa PT LLC may deny your request for an amendment. If Michelle Dela Rosa PT LLC denies your request for amendment, you have the right to file a statement of disagreement and Michelle Dela Rosa PT LLC may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact Michelle Dela Rosa PT LLC to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures I have made, if any of your protected health information: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures Michelle Dela Rosa PT LLC may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after March 14, 2009. You may request a

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shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from me: You have the right to request a paper copy of this notice, even if you have agreed to accept this notice electronically.

3. Complaints:

You may complain to Michelle Dela Rosa PT LLC or to the Secretary Health and Human Services if you believe your privacy rights have been violated. Michelle Dela Rosa PT LLC will not retaliate against you for filing a complaint. For further information about the complaint process, you may contact me at:

Michelle Dela Rosa, PT, DPT, MS
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This notice becomes effective on May 9, 2011.