



## Notice of Protected Health Information Practices

### Purpose

This Notice of Information Practices describes how Play at Home Physical Therapy LLC ("the practice") may use and disclose your personal information. The Practice is providing this notice to comply with federal health regulations specific to the Health Insurance Portability and Accountability Act of 1996.

### Permitted Uses and Disclosures of Your Health Information

1. **Treatment.** The Practice is permitted to use your health information in the provision and coordination of your health care. We may disclose information contained in your medical record to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment.
2. **Payment.** The Practice is permitted to use your health information to determine coverage, billing, insurance claims, medical data processing and reimbursement. This information may be released to an insurance company, third party payer or other authorized entities involved in the payment of your medical bill and may include copies or portions of your medical record which are necessary for payment of your account.
3. **Operations.** The Practice is permitted to use and disclose your health information during the Practice's routine health care operations, including, but not limited to, quality assurance, utilization reviews, medical reviews, auditing, accreditation, certification, licensing or credentialing activities and for education purposes.

### Patient Rights

1. You have the right to request restrictions on the use and disclosure of your health information for treatment, payment, and health care operations. The Practice, however, is not required to agree with such requests.
2. You have the right to request, review, and copy your own health information. The Practice, however, is not required to comply with all requests. For example, access may be denied if disclosure would reasonably endanger the patient or another person. If you request a copy of your records, you may be charged a fee for each copy.
3. You have the right to request an amendment of your health information. If we disagree with the requested amendment, we will permit you to include a statement in the record. Moreover, we will provide you with a written explanation of the reasons for the denial and the procedures for filing appropriate complaints and appeals.
4. You have the right to receive an accounting of disclosures of protected health information by the Practice in the six years prior to the date on which you request an accounting.

### Contact Information

If you have questions and would like additional information regarding the uses and disclosures of your health information, you may contact the Practice at the following email: [info@playathomept.com](mailto:info@playathomept.com) Subject: Privacy Notice

Effective Date: The effective date of this Notice is January 1, 2020.

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