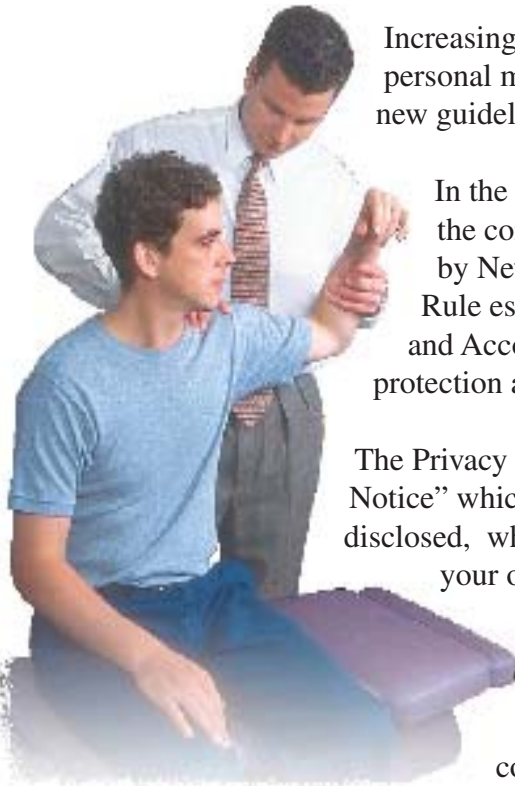


Patient Privacy Notice

Southtowns Physical Therapy Group, P.C.

effective April 14, 2003



Increasing use of electronic media in the transmission and processing of personal medical information has led the Federal Government to establish new guidelines to protect your privacy.

In the past, Southtowns Physical Therapy has always worked to protect the confidentiality of protected health information (PHI) as required by New York State Law. Effective April 14, 2003, a new Privacy Rule established in conjunction with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 will provide you with more protection and control of your medical information.

The Privacy Rule requires that each patient be provided with a "Privacy Notice" which clearly outlines how medical information may be used and disclosed, who is entitled to this information and how you can get access to your own information.

Please review this information and discuss it with a member of our staff if you have any questions or concerns. A signed original will be maintained in your chart and you will be given a copy for your records. Copies of this document are available upon request and may be viewed at www.southtownspt.com.

PLEASE REVIEW CAREFULLY AND SIGN AT THE END OF THIS DOCUMENT.

Protected Health Information (PHI) may be disclosed, without your authorization, for any of the following:

TREATMENT: We are authorized to disclose medical information when it is related to your medical care. Exchange of information between staff members or disclosure to other health care providers responsible for providing, coordinating or managing your health care is permissible. Information may be conveyed by phone, fax, mail or verbal communication.

PAYMENT: We are authorized to disclose medical information to any individual or group responsible for the payment of services rendered by our office or staff. This includes, but is not limited to, insurance carriers, managed care organizations, Workers' Compensation representatives, No-Fault Carriers, third-party administrators and self-insured employers. Information may be released prior to delivery of care to obtain authorization for treatment and upon completion of care to obtain payment for services.

HEALTH CARE OPERATIONS: Your health information may be used as necessary to support normal operating functions associated in the delivery of Physical Therapy services. These functions may include, but are not limited to, legal services, utilization management and quality assurance programs.

LAW ENFORCEMENT: Your health information may be disclosed, as required by law, to law enforcement agencies during investigation, identification or as required for government reporting and inspection.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies who are legally entitled to receive reports for the purpose of preventing or controlling disease, injury or disability.

WORKERS' COMPENSATION: The HIPAA Privacy Rule does not apply to workers' compensation insurers, administrative agencies or employers. These groups are entitled to information as required by State law. Disclosure of medical information, without authorization, will be limited to the minimum necessary to meet the workers' compensation requirements.

ADDITIONAL USE OF INFORMATION: Your information may be released, without prior authorization, to 3rd party groups acting as utilization managers for your insurance carrier (i.e. MPN) or payors performing quality assurance studies or medical case management.

MINIMUM NECESSARY: As per HIPAA guidelines, release of information will be limited to the "minimum necessary" for completion of the proposed request.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: Disclosure of your health information for uses other than those listed above requires your specific written authorization. If you change your mind after authorizing, you may submit a written revocation of the authorization. However, your revocation will not affect or undo any use or disclosure that occurred before you notified us of your decision. Specific guidelines for release will be addressed on the "Patient Release Authorization".

RESEARCH: Any use of protected health information during the collection, analysis or publication of data will be done only upon written authorization of the protected individual.

INDIVIDUAL RIGHTS: You have certain rights under federal privacy standards including:

- the right to request restrictions on the use and disclosure of your health information
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your health information
- the right to request an amendment or submit a correction request to your health information
- the right to receive an accounting of how and to whom your health information was disclosed to
- the right to receive a printed copy of this notice

The staff of Southtowns Physical Therapy Group, and individuals or companies acting on their behalf, are required to maintain the privacy of your health information and to provide you with this notice of privacy practices. We reserve the right to amend and modify our privacy statement, as well as the policies associated with patient privacy. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

- You may generally inspect or copy your health information. As permitted by federal regulation, we require that such request must be submitted in writing to the attention of: "OFFICE MANAGER".
- If you would like to submit a comment or complaint about our privacy practices, or you would like additional information, you may submit a letter outlining your concerns to: HIPAA Compliance Officer, Southtowns Physical Therapy Group, 100 Union Road, West Seneca, NY 14224..

I have received and reviews this document in its entirety. I understand the rights and protections offered to me by the HIPAA provisions. Lastly, I understand that this document and the protections it offers are for my benefit and failure to sign this form will not prevent me from receiving treatment at this facility.

_____ / ____ / ____
Patient signature

The effective date of this notice is: APRIL 14, 2003.