Notice of Privacy Practices
Effective Date: 03/01/2004
Last Updated: 10/01/2025

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

---

1. Our Commitment to Your Privacy
At **Canton Physical Therapy** we understand that your health information is personal. We are committed to protecting your medical information and complying with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all applicable state privacy laws.

This notice applies to all records of your care generated or maintained by our physical therapy center.

---

2. Your Rights Under HIPAA
You have the right to:

- **Get an electronic or paper copy of your medical record**
  - You can ask to see or get a copy of your medical record and other health information we have about you.
  - We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
  - You can ask us to correct health information you think is incorrect or incomplete.
  - We may deny your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will accommodate all reasonable requests.
- **Ask us to limit what we use or share**
  - You can ask us not to use or share certain health information for treatment, payment, or operations.
  - We are not required to agree, but we will comply when possible.
  - If you pay for a service or healthcare item out of pocket in full, you can ask us not to share that information with your health insurer unless required by law.
- **Get a list of those with whom we've shared your information**
  - You can ask for a list (an "accounting") of disclosures of your health information for six years prior to your request.
- **Get a copy of this notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically.

- **Choose someone to act for you**
    - If you have given someone medical power of attorney or have a legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated**
    - You can file a complaint with us using the contact information at the end of this notice.
    - You can also file a complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), without fear of retaliation.

---

3. Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **For Treatment:**
  To provide, coordinate, or manage your care with physicians, nurses, or other healthcare professionals involved in your treatment.

Example: We may share information with your referring physician or a specialist about your therapy progress.

- **For Payment:**
  To bill and receive payment from your health plan or other entities.

Example: We give your health plan information so it will pay for your therapy sessions.

- **For Healthcare Operations:**
  To run our practice, improve care, and contact you when necessary.

Example: We may use your information to evaluate our services or for staff training.

---

4. Other Ways We May Use or Share Your Information

We are allowed or required to share your information in other ways, usually for public good, such as:

- **Public health and safety issues** (e.g., reporting communicable diseases, injuries, or abuse)
- **Health oversight activities** (e.g., audits, inspections)
- **Research** (with special protections and authorization)
- **Compliance with laws and legal requests** (e.g., subpoenas, court orders)
- **Law enforcement or correctional institutions** (if you are in custody)
- **Workers' compensation claims**
- **Special government functions** (e.g., military, national security)

We will only share your information for these purposes as permitted or required by law.

---

5. Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.

- We will not use or share your information other than as described here unless you tell us we can in writing.

---

6. Changes to This Notice
We may change this Notice of Privacy Practices from time to time. The new notice will apply to all information we have about you. The current notice will be posted in our office and on our website (if applicable), with the effective date at the top.

---

7. Contact Information
If you have questions, want to exercise your rights, or need to file a complaint, please contact:
Canton Physical Therapy, Winsted Office
Address: 140 Willow St, Suite 3
Phone: (860) 738-5810
Email: hello@cantonpt.com
Attention: Privacy Officer

If you believe your privacy rights have been violated, you may also contact:
U.S. Department of Health and Human Services (HHS)
Office for Civil Rights (OCR)
Website: https://www.hhs.gov/ocr/privacy/hipaa/complaints/
Phone: 1-800-368-1019