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NOTICE OF PRIVACY PRACTICES

This notice outlines how your medical information may be used, the procedure in disclosing this information and how you may obtain your medical records.

The policy of Physical Express, LLC is to protect the confidentiality, integrity and privacy of the health & personal information of our patients, and also to prevent unauthorized access to and or disclosure of such information.

The office of Physical Express, LLC collects and uses your personal information to learn as much as possible about your present and past medical history and this enables our medical staff to better understand your symptoms, medical state and illness and therefore treat you accordingly. We acquire this information from patient's registration forms, health history questionnaires and other forms and materials, in addition we may also obtain information regarding your health from other physicians you have or are still seeing, discussions we may have with you and or individuals you may authorize us to discuss your health conditions with. For Policy holders, your information will be used for claims management to obtain payment from your insurance carrier. As required by your insurance provider we will exchange information for activities such as eligibility, benefit, coverage determinations, pre-certification and utilization review.

We will use this information to provide you with personal professional medical care with regards to your privacy and the trust you have placed in us. These include but are not limited to communication about diagnosis, treatment options, and what should be done for follow-up care. As part of our standard healthcare operation we may share this information with other medical facilities such as a laboratory, diagnostic service, hospital, specialist or another healthcare provider for referrals and to efficiently assess and treat your condition.

Your information is maintained in your file and in our office computer system. We have a strict limitations on the access of this information on a "need to know basis". We will require your written permission to obtain information from other medical facilities or physicians or to release this information to those mentioned.

You have the right to inspect and or request copies of your records. Federal, state or other applicable law requires us to share protected information and or records. Physical Express, LLC is obligated to serve you with the utmost respect with regards to your privacy and requested restrictions to your information. Thank you for choosing Physical Express, LLC. Please let us know how we can serve you better.

Respectfully,

Steven L. Allen, M.D.
Joseph Mangini, M.D.
Allison W. Guy, C.R.N.P