



## **Notice of Privacy Practices**

Welcome to Fleming Physical Therapy Consultants PC. This notice will explain our policy of collecting, handling, using and securing individually identifiable patient information as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

You should be aware that during the course of our relationship with you that we likely will use and disclose health information about you for treatment, payment, risk management and quality improvement.

You may specifically authorize us to use your health information for any purpose or to disclose your health information to anyone. We will do so upon our receipt of written authorization from you stating that we may use or disclose your health information in agreement with that authorization. You may cancel any such authorization at any time by notifying us in writing. This cancellation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except for those permitted by the Notice or as otherwise permitted by law.

Upon submission to a request to us, you have the right to review and receive copies of your health information. You can request a form to submit a request for access by contacting this office directly. If you request copies, we will charge you a reasonable copying fee. If you request that the records be mailed, we may charge you for postage.

Upon written request, you have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, risk management, quality improvement and other activities authorized by you for the last six (6) years, but not before 11/8/2010. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable fee for responding to these additional requests.

All patient records are acknowledged as legal and confidential information and will be stored, secured and processed in keeping with patient confidentiality protection.

Disposal of patient identifiable information, regardless of the type of media such as paper, video, audio, computer discs etc, will be done in such a fashion that the confidentiality of such records is protected (e.g. by means of shredding, demagnetizing, etc.).

This Notice takes effect 11/8/2010 and will remain in effect until we replace it.

If you have any questions or concerns regarding our privacy practices please contact the office manager or company president directly. 518-346-0605.

### **Fleming Physical Therapy Consultants PC**

**1401 Union St  
Schenectady, NY 12308  
518-346-0605**

**Arterial Plaza, Route 30A  
Gloversville, NY 12078  
518-921-4189**

**2 Guy Park Avenue  
Amsterdam, NY 12010  
518-212-6291**



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF  
FLEMING PHYSICAL THERAPY CONSULTANTS PC PRIVACY PRACTICES**

I, , acknowledge that I have received and agree to Fleming Physical Therapy Consultants PC Notice of Privacy Practices, which describes Fleming Physical Therapy Consultants PC policies and procedures regarding the use and disclosure of any of my Protected Health Information.

\_\_\_\_\_  
Date

Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signatory's Relationship to Patient

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**Welcome to Fleming Physical Therapy Consultants (FPTC). Our Mission is to “Provide Patient Centered Physical Therapy Services that are of the Highest Quality Possible”. We provide physical therapy services for a variety of diagnoses including musculoskeletal disorders, balance and dizziness disorders, work injury prevention and rehabilitation.**

**FPTC president and founder is Robert Fleming PT, DPT, OCS, FAAOMPT. Dr. Fleming has many years of experience in the field and has extensive credentials:**

- Board Certified Clinical Specialist in Orthopedics—one of only a few in the region
- Fellowship Trained in Orthopedic Manual Physical Therapy—the only fellowship trained PT in the region
- Published Researcher with publications in peer-reviewed journals
- National lecturer on topics surrounding the management of musculoskeletal disorders

**Providing you with a great experience and meeting your expectations is extremely important to us. In order to do this we participate in a team approach, with YOU being an important part of the team. You need to actively participate in your treatment in order to gain the most benefit.**

**Office Policies and Information:**

<p><b>Appointments:</b> This time is set aside for you. Failing to show or canceling with short notice can adversely affect not only your care but the care of our other patients. We understand that unforeseen circumstances occur but we kindly request at least 24 hours notice as. Failure to show or late cancel for your appointment will result in a \$75 fee. Payment is expected at the next appointment. If you fail to show for 2 appointments you will be discharged from our service.</p>	<p><b>Payment:</b> At the time of your visit we will verify your insurance coverage. If you have coverage, your primary insurance will be billed by us. Deductibles, copays and cost shares will be due at the time of your visit.</p>
<p><b>Insurance referral/precertification:</b> If your insurance requires either of these it is your responsibility to obtain one prior to your first visit. Without authorization you will be responsible for each visit not authorized. We will assist with this if required after the initial visit.</p>	<p><b>Questions:</b> If you have any questions in regard to our office and/or your physical therapy treatment please ask your attending physical therapist and they will assist you.</p>
<p><b>Office Hours:</b> Monday – Friday 8 am – 8 pm.</p>	<p><b>I agree and fully understand the aforementioned policies:</b> <span style="background-color: yellow; display: inline-block; width: 150px; height: 15px;"></span></p>

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Amsterdam, NY 12010  
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