



800 East Gate Boulevard  
Garden City, NY 11530  
516-745-8050  
Fax: 516-745-6766

333 East Shore Road  
Manhasset, NY 11030  
516-466-9730  
Fax: 516-466-1228

Roslyn JCC  
300 Forest Drive  
East Hills, NY 11548  
516-626-8787  
Fax: 516-626-8789

2140 Bellmore Ave  
Bellmore, NY 11710  
516-586-5533  
Fax: 516-5865531

## **NOTICE OF PATIENT INFORMATION PRACTICES**

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION.*

*PLEASE REVIEW CAREFULLY.*

**IF YOU HAVE ANY QUESTIONS ABOUT THIS POLICY, YOU MAY CONTACT OUR OFFICE.**

**Metropolitan Physical Therapy's Legal Duty:** It is the legal duty of Metropolitan Physical Therapy to protect the confidentiality of your personal health information (PHI). We are required to provide you with this notice which outlines policies and procedures.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

Metropolitan Physical Therapy, hereafter referred to as the Practice, uses your PHI in order to provide treatment to you, to be able to obtain payment for your treatment, to perform administrative activities within the Practice, and for being able to determine the quality of care that is provided to you. PHI is all the personal information that can identify you: your name, address, telephone number, social security number, health policy number, etc.. For example, we may use your PHI to call you to remind you about an appointment or to contact you insurance information for payment, speak to your doctor about your program, or just call you into the treatment area from the waiting room.

The practice may use your PHI without prior authorization when we are to do so by law, if there is a public health concern, if you have a communicable disease, if we believe that there is abuse or neglect, for research studies, for legal proceedings, for law enforcement, if a crime occurs in the Practice's office, if an emergency occurs, to funeral directors and coroners, for military activity and national security, and for worker's compensation.

It is policy of Metropolitan Physical Therapy to get a signed authorization from you prior to releasing your PHI. You have the right to either agree or object to the release of your information. If you agree and sign the written authorization, you have the right to take back the authorization at a later date if you chose to. If you are not actually present, or unable to agree or disagree to the disclosure of information, the Practice can then use it's professional judgment to decide if the disclosure is in your best interest.

**PATIENT'S INDIVIDUAL RIGHTS:**

You have the right to inspect and ask for a copy of your PHI at any time. You have the right to ask us to make changes or corrections in your information. The Practice does not have to comply with your request. You have the right to file a disagreement with the Privacy Officer.

You may request a list of all the disclosures that we have made of your PHI after 4/14/2003 for any reason other than treatment, billing, or administrative activities of the practice.

You also have the right to ask in writing that the Practice not disclose your PHI except when authorized b you, required by law or in the case of an emergency. You may also request that your PHI is not disclosed to family members or friends that may be involved in your care. The Practice will consider all requests, but is not required to agree or act on them.

You have the right to have confidential information sent to you at an alternative locations or by means other than the postal service.

You have the right to obtain a copy of this notice.

**CONCERNS AND COMPLAINTS:**

If you feel that your privacy rights have been violated at any time or you do not agree with how your PHI is being disclosed, you can contact our privacy officer at the address listed below. The Practice will not retaliate against you for filing complaints. You can also contact the Secretary of Health and Human Services.

**Metropolitan Physical Therapy  
800 East Gate Blvd.  
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Fax: 516-745-6766**

The terms of this notice may change at any time. A copy of the revised notice will be posted in the office in an easily accessible area and will be provided upon your request. This notice was published on May 1, 2003 and becomes effective as of April 14, 2003.



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### Patient Acknowledge of Receipt of Privacy Practices Notice

This is to acknowledge that I have received and reviewed Metropolitan Physical Therapy's Notice of Privacy Practices. If I have any questions, I can contact the practice at 516-745-8050.

In addition to the doctors I have provided Metropolitan Physical Therapy with, my medical records may also be released to the following people.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

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POOL

Sherrie Glasser MS PT, Owner/Director

Sid Jacobson JCC  
300 Forest Drive  
East Hills, NY 11548  
(516) 626-8787  
Fax: 516-626-8789  
POOL

333 East Shore Rd  
Manhasset, NY  
11030  
(516) 466-9730  
Fax: 516-466-1228

745 Route 25A  
Rocky Point, NY 11778  
(631) 849-6000  
Fax (631) 849-6002  
POOL

## PHYSICAL THERAPY CONSENT FOR TREATMENT

PROPOSED INTERVENTION/ TREATMENT MAY INCLUDE ONE OR MORE THAN ONE OF THE FOLLOWING:

- Therapeutic Exercise
- Gait Training
- Modalities
- Pool Therapy
- Patient Education
- Bed/ Transfer mobility
- Manuel Therapy
- CPM
- Wound Care

SOME POSSIBLE RISK FACTORS/ COMPLICATIONS INCLUDE:

- Therapeutic exercise: sore muscles and joints
- Transfers and Gait Training: fall, injury from falls.
- Manuel Therapy: sore joints and ligaments. Rarely, dislocation, fracture, paralysis, or death.
- Modalities: rash, burns, skin damage: rare, burning, periosteum.
- Pool Therapy: skin irritations; rare: drowning
- Wound care: skin irritations, infection, spread of infection, increased wound size.

GOAL OF TREATMENT

- Improve mobility
- Improve Function
- Improve Independence
- Decrease Pain

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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Sherrie Glasser, M.S., P.T.  
Owner/Director

### MANAGED CARE TERMS AND CONDITIONS FOR PHYSICAL THERAPY

Metropolitan Physical Therapy will bill your insurance carrier at our contracted rates. You will be responsible for meeting your co-payments after each visit, and please be aware, of your insurance policy provisions. If we get denied payment for any reason due to these provisions, you will be responsible to pay us for the denied visits. If you have any questions about which limitation applies to you, please ask the billing department or contact your insurance directly.

I have also advised Metropolitan Physical Therapy that my conditions being treated is not related to a work and/or on the job injury, and nor is it due to any motor vehicle accidents.

Once your insurance benefits are exhausted, if you wish to continue physical therapy, you will be responsible for our private fee. There will be an increase of fee if additional equipment or multiple procedures are used; e.g. Cybex, Nautilus, or Eagle. There will be an increase of fee if more than one diagnosis is being treated.

If this account shall be placed in the hands of an outside attorney for collection, the Responsible Party agrees to pay all costs of collection, including reasonable attorney's fees not to exceed 20% of the unpaid balance, together with necessary court costs and disbursements.

If you are unable to keep your appointment, please give the office 24 hours cancellation notice. If 24 hours notice of cancellation is consistently not given, we will no longer schedule appointments in advance and we will ask that you call for your appointment on the same day you would like to come in.

I have read the above and agree to the Terms and Conditions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Patient's Name: \_\_\_\_\_



Sherrie Glasser, MS, PT  
Director

800 East Gate Boulevard Garden City, NY 11530 (516) 745-8050 Fax (516) 745-6766 (Pool) Serving Westbury & Carle Place	Sid Jacobson JCC 300 Forest Drive East Hills, NY 11548 (516) 626-8787 Fax (516) 626-8789 (Pool)	333 East Shore Road Manhasset, NY 11030 (516) 466-9730 Fax (516) 466-1228	2140 Bellmore Avenue Bellmore, NY 11710 (516) 586-5533
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Dear Patient,

Since physical therapy is a way of managing symptoms of pain and swelling, the use of electrical stimulation may be incorporated into your treatment.

The electrodes that we use are a self-adhesive electrode that can be re-used and are intended for single patient use for hygienic purposes. Unfortunately, your insurance company does not cover the cost of these electrodes, therefore you will be responsible for the one time charge of \$4.00 - \$10.00 depending on how many electrodes are used for your condition. THIS CHARGE WILL BE EXPECTED AT THE TIME OF SERVICE.

Please be assured that your therapist will properly evaluate and determine the necessary use of electric stimulation to enhance the benefit of physical therapy.

Thank you for your understanding.

Metropolitan Physical Therapy

Signature \_\_\_\_\_

Date \_\_\_\_\_

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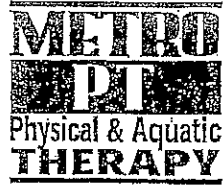
### ASSIGNMENT OF BENEFITS

I, \_\_\_\_\_ authorize my insurance company to assign the benefits over to Sherrie Glasser, MS,PT. Please make all payments directly to her office. Keep this on file for future bills submitted by her.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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We are updating our records to make sure that we send progress notes to all of your doctors. We'd appreciate it if you could take a few minutes and give us the names and phone numbers of all of your doctors. Please fill this out and hand it to the receptionist.

Thank you for your time.

Sherrie Glasser, PT, MS

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