

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THIS NOTICE IS IN ACCORDANCE WITH THE ORIGINAL HIPAA ENFORCEMENT EFFECTIVE APRIL 14, 2003, AND UPDATED TO THE OMNIBUS RULE EFFECTIVE MARCH 26, 2013 AND WILL REMAIN IN EFFECT UNTIL WE REPLACE THEM AS SPECIFIED BY FEDERAL AND/OR STATE LAW. If you have any questions about this notice, please contact our privacy office.

1. Summary of Rights and Obligations Concerning Health Information. This practice is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law. We are required by law to provide you with this notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by this practice. Each time you visit us, we make a record of your visit. We have an ethical and legal obligation to protect the privacy of your health information, and we will only use or disclose this information in limited circumstances. In general, we may use and disclose your health information to:

- a. plan your care and treatment;
- b. provide treatment by us or others;
- c. communicate with other providers such as referring physicians;
- d. receive payment from you;
- e. make quality assessments and work to improve the care we render and the outcomes we achieve;
- f. comply with state and federal laws that require us to disclose your health information. You have the right to:
 - g. ensure the accuracy of your health record;
 - h. request confidential communications between you and your therapist and request limits on the use and disclosure of your health information; and
 - i. request an accounting of certain uses and disclosures of health information we have made about you. We are required to:
 - j. maintain the privacy of your health information;
 - k. provide you with notice, such as this Notice of Privacy Practices, as to our legal duties and privacy practices with respect to information we collect and maintain about you;
 - l. abide by the terms of our most current Notice of Privacy Practices;
 - m. notify you if we are unable to agree to a requested restriction; and
 - n. accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

2. We reserve the right to change our practices and to make the new provisions effective for all your health information that we maintain. Should our information practices change, a revised Notice of Privacy Practices will be available upon request. In the following pages, we explain our privacy practices and your rights to your health information in more detail. We may use or disclose your medical information in the following ways:

- a. Treatment. We may use and disclose your protected health information to provide, coordinate and manage your rehab care. That may include consulting with other health care providers about your health care or referring you to another health care

provider for treatment including physicians, nurses, and other health care providers involved in your care.

b. Payment. We may use and disclose your health information so that we may bill and collect payment for the services that we provided to you. For example, we may contact your health insurer to verify your eligibility for benefits, and may need to disclose to it some details of your medical condition or expected course of treatment.

c. Health Care Operations. We may use and disclose your health information to assist in the operation of our practice.

d. Students. Students/interns in rehabilitation or health service related programs work in our facility to meet their educational requirements or to get health care experience. These students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by any student or intern. If you do not want a student or intern to observe or participate in your care, please notify your provider.

e. Business Associates. This practice sometimes contracts with third-party business associates for services. Examples are billing services, and legal counsel. We may disclose your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, we require our business associates to appropriately safeguard your information.

f. Appointment Reminders. We may use and disclose Information in your medical record to contact you as a reminder that you have an appointment. You may request that we call you only at a certain number, that we refrain from leaving messages, or select to not participate in text message appointment reminders and we will strive to accommodate all reasonable requests.

g. Release to Family/Friends. Our staff, using their professional judgment, may disclose to a family member, relative, or any person you identify, your health information to the extent it is relevant to that person's involvement in your care. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

h. Newsletters and Other Communications. We may use your personal information in order to communicate to you via newsletters (including electronic newsletters), mailings, or other means regarding health related information, wellness programs, or other community based initiatives or activities in which our practice is participating.

i. Marketing. In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.

j. Workers Compensation. We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

k. Law Enforcement. We may release your health information in response to a court order, subpoena, warrant, summons, or similar process of authorized under state or federal law to identify or locate a suspect, fugitive, material witness, or similar person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the practice; to coroners or medical examiners; in emergency circumstances to report a crime, the location of the crime or victims, or the

identity, description, or location of the person who committed the crime; to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

l. Personal Representative. If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

m. Limited Data Set. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.

3. Authorization for Other Uses of Medical Information. Uses of medical information not covered by our most current Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

4. Your Health Information Rights. You have the following rights regarding medical information we gather about you:

a. Right to Obtain a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices at any time.

b. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records.

c. To inspect and copy medical information, you must submit a written request to our privacy officer. If you request a copy of your medical information, we may charge a reasonable fee for the costs of labor, postage, and supplies associated with your request. We may not charge you a fee if you require your medical information for a claim for benefits under the Social Security Act (such as claims for Social Security, Supplemental Security Income, and any other state or federal needs-based benefit program).

d. If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost based fee limited to the labor costs associated with transmitting the electronic health record.

5. Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we retain the information. To request an amendment, your request must be made in writing and submitted to our privacy officer, providing a reason that supports your request. In addition, we may deny your request if you ask us to amend information that:



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- a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- b. is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- c. If we deny your request for amendment, you may submit a statement of disagreement. We may reasonably limit the length of this statement. Your letter of disagreement will be included in your medical record, but we may also include a rebuttal statement.

6. Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of your health information made by us. In your accounting, we are not required to list certain disclosures, including:

- a. disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations, however, if the disclosures were made through an electronic health record, you have the right to request an accounting for such disclosures that were made during the previous 3 years;
- b. disclosures made pursuant to your authorization;
- c. disclosures made to create a limited data set;
- d. disclosures made directly to you.
- e. To request an accounting of disclosures, you must submit your request in writing to our privacy officer. Your request must state a time period which may not be longer than six years immediately preceding the accounting request. Under limited circumstances mandated by federal and state law, we may temporarily deny your request for an accounting of disclosures.

7. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. If you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we are required to honor that request. To request restrictions, you must make your request in writing to our privacy officer. In your request, you must tell us:

- a. what information you want to limit;
- b. whether you want to limit our use, disclosure, or both; and
- c. to whom you want the limits to apply.

8. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to your provider or our privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests.

9. Right of Deceased Individuals. We must comply with the requirements of the Privacy Rule with regard to your protected health information (PHI) for a period of 50 years following the date of your death. We are permitted to disclose your protected health information (PHI) to family members and others who were involved in your care or payment for care prior to death, unless doing so is inconsistent with any prior express preference known.



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10. Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a. a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- b. a description of the type of Unsecured Protected Health Information involved in the breach;
- c. steps you should take to protect yourself from potential harm resulting from the breach;
- d. a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- e. contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information. In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media.

11. Complaints: If you believe your privacy rights have been violated, you may file a complaint with us. Contact our privacy officer at the address listed above. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information. You will not be penalized for filing a complaint.

Please initial one:

_____ I hereby acknowledge that I have been provided with a copy of the Notices of Privacy Practices.

_____ I hereby acknowledge that I have been provided with a copy of the Notices of Privacy Practices, but decline to accept it at this time.

Date: _____

Client Name (print): _____