

Effective Date: April 14, 2003

Revised May 15, 2011

Revised September 23, 2013

REHABILITATION MEDICINE ASSOCIATES, P.C.

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.

USING AND DISCLOSING YOUR HEALTH INFORMATION

Your medical information is personal. We are committed to protecting your medical information. We create a record of the care and services that you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this office whether made by your personal physician or one of the office's employees.

This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

This office is required by law to:

- 1) make sure that medical information that identifies you is kept private;
- 2) give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- 3) follow the terms of the Notice that is currently in effect.

HOW THIS OFFICE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following describes the different ways that your medical information may be used or disclosed by this office. We have not identified every possible use or disclosure. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

For Treatment: We will use medical information about you to provide you with medical treatment and services. We may disclose your medical information about you to doctors, nurses, technicians and other office personnel who are involved in providing you medical treatment.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us for the treatment you received at our office. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations – We may use medical information that would allow us to improve the quality of care we provide and to reduce health care costs. This could include working with outside organizations that assess the quality of care that we provide. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of the specific patients.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at this office.

As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may use your medical information to defend the office or to respond to a court order

Law Enforcement: We may release medical information about you if required by law when asked to do so by a law enforcement official.

Coroners and Medical Examiners: We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Health Oversight Activities – We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals etc.

Treatment Alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

USES AND DISCLOSURES REQUIRING AN AUTHORIZATION

In situations not stated above, we will ask you for written authorization before disclosing any of your health information. If you choose to sign an authorization, it can be revoked to stop future use and disclosure without your consent. Our office will make reasonable efforts to limit information to the minimum necessary to accomplish the purpose of the request or disclosure. If you revoke your authorization, we will no longer use or disclose medical information. The following are some examples of uses and disclosures requiring an authorization:

Psychotherapy Notes – If we maintain information which qualifies as “psychotherapy notes”, we must obtain an authorization for any use or disclosure of psychotherapy notes, except: 1) to carry out the following treatment, payment or health care operations; 2) A use or disclosure that is required by the Secretary of HHS to investigate or determine our compliance or permitted by law; uses and disclosures for health oversight activities with respect to the oversight of the originator or the psychotherapy notes; uses and disclosures about decedents; or uses and disclosures to avert a serious threat to health or safety of a person or the public. Psychotherapy notes means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Marketing - We are required by law to receive your written authorization before we use or disclose your health information for marketing purposes.

Sale of PHI – Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information this office maintains about you:

Right to Inspect and Copy: You have the right to inspect and have a copy of your medical information with the exception of any psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies. We may deny your request to inspect and copy in very limited circumstances under state and federal law. If you are denied access to your medical information, you may request that the denial be reviewed.

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 the information is kept in this office. To request an amendment, your amendment must be in writing and you must provide a reason that supports your request. We may deny your request for an amendment if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- (a) Was not created by our office;
- (b) Is not part of the medical/billing information kept by this office;
- (c) Is not part of the information which you would be permitted to inspect and copy; or
- (d) Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”. This is a list of the disclosures this office has made of your medical information to parties other than for treatment, payment, or related administrative or operating procedures. To request these disclosures, you must submit your request in writing. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the disclosure. We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We are required to agree to your request for a restriction if, except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and the medical information pertains solely to a health care item or service for which we have been paid out of pocket in full.

To request restrictions, you must make your request in writing. You may obtain a copy of this Notice at our website, www.rehabmedgr.com

Rights to Request Confidential Communications – You have the right to request that we communicate with you in a certain manner. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice – You have the right to a paper copy of this Notice. We will offer you a copy of this notice at your first visit to our office beginning April 14, 2003.

Right to Receive Notice of Discovery of a Breach of Unsecured Protected Health Information - We are required to notify you of any breaches of Unsecured Protected Health Information concerning you following the discovery of the breach when required by law.

REVISIONS TO THIS NOTICE

We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in this office. Any revised Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact the Administrative Manager at 616-458-1088. All complaints must be submitted in writing. This office will not penalize you in any way for filing a complaint.

If you have any questions regarding this notice, please contact the Privacy Officer at 616-458-1088. This notice was published and first became effective on April 14, 2003.