

ADVANCED REHABILITATION

702 Hwy. 82 West, Suite B
Greenwood, MS 38930

TEL: (662) 455-5010
FAX: (662) 455-5468

Notice Of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Advanced Rehabilitation is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. Advanced Rehabilitation is required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice in Advanced Rehabilitation. Advanced Rehabilitation will make paper copies of this Notice of Privacy Practices for Advanced Rehabilitation patient's Protected Health Information available upon request.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the health care professional treating you, by our staff to process your payment for the services rendered and by Rehab professionals to review the quality and appropriateness of the care you receive.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

- ❖ We may contact you to provide appointment reminders or information about treatment alternatives of other health-related benefits and services that may be of interest to you.
- ❖ We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation of Advanced Rehabilitation's compliance with relevant laws.
- ❖ Unless you object, we may disclose to family members, other relatives or close personal friends the medical information directly relevant to such person's involvement with your care.
- ❖ Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.
- ❖ Unless you object, we may disclose to the press, if they ask about you by name, information regarding your medical status.
- ❖ We may disclose your medical information to a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts.
- ❖ We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspection, licensure or disciplinary actions, administrative and/or legal proceedings.
- ❖ We may disclose your medical information in the course of certain judicial or administrative proceedings.
- ❖ We may disclose your medical information for law enforcement purposes or other specialized governmental functions.
- ❖ We may disclose your medical information to a coroner, medical examiner or a funeral director.
- ❖ We may use or disclose your medical information for certain research purposes.
- ❖ We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.
- ❖ We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

- ❖ The right to request restrictions on certain uses and disclosures of your medical information. We are not required to agree to your requested restriction, but if we do, we will honor it.
- ❖ The right to receive communications from us in a confidential manner.
- ❖ The right to inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- ❖ The right to request an amendment of your medical information. The request must be in writing and you must provide a reason to support your request. We may deny your request for certain specific reasons, and, if denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- ❖ The right to receive an accounting of the disclosures of your medical information made by Advanced Rehabilitation.
- ❖ The right to request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- ❖ The right to complain to Advanced Rehabilitation or the United State Department of Health and Human Services if you believe that Advanced Rehabilitation has violated your privacy rights. To complain to Advanced Rehabilitation, please see contact information below.

If you choose to file a complaint, you will not be retaliated against in any way.

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact:

Advanced Rehabilitation
702 Hwy. 82 West, Suite B
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Telephone: (662) 455-5010

WHO WILL FOLLOW ADVANCED REHABILITATION'S NOTICE OF PRIVACY PRACTICES?

- ❖ Any health care professional authorized to enter information into your rehab chart.
- ❖ Any member of a volunteer group we allow to help you while you are at Advanced Rehabilitation.
- ❖ All employees, staff, P.T. students, O.T. students and other clinic personnel.

✕ THIS NOTICE IS EFFECTIVE AS OF JULY 7, 2003 ✕