



HIPAA Notice of Privacy Practices

Rebound Rehabilitative Services

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

PLEASE REVIEW IT CAREFULLY.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, obtain payments, and perform our health care operations. It also describes your rights to access and control your protected health care information. "Protected Health Information" is information about you. It includes demographic information that may identify you and relates to your past, present, or future physical condition and related health care services.

Uses and Disclosure of Protected Health Information

Use and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physical therapist, our staff, and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you, to obtain payment of your health care bills, for health care operations in our office, and any other use required by law.

Treatment

We will use and disclose your protected health information to provide, coordinate, and manage your health care and any related services. This may include the coordination or management of your health care with a third party. For example, when applicable, we would disclose your protected health information to your referring physician or a durable medical equipment company.



Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, as possibly necessary, in obtaining approval for physical therapy services, protected health information may be disclosed to the health plan.

Healthcare Operations

We may use or disclose, as needed, your protected health information in order to support business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of physical therapy students, licensing, conducting, or arranging for others who assist patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. When your physical therapist is ready to see you, we may also call you by name in the waiting room. We may use or disclose your protected health information, when necessary, to contact you in order to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization: As required by law, abuse or neglect, legal proceedings, law enforcement, and worker's compensation.

Other permitted and Required Uses and Disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law.

You may revoke this authorization at any time in writing.

Your Rights

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and obtain a copy of your protected health information. However, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding;



and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information.

This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, obtaining payment, or with our daily health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purpose as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

You may have the right to have your physical therapist amend your protected health information.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and may prepare a rebuttal to your statement and will provide you with a copy of any such material.

Complaints

If you believe your privacy rights have been violated by us, you may complain to us or to the Secretary of Health and Human Services. You are entitled to file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before April 14, 2003.

4/8/03