

# Your Health Information Rights

- You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operations. However, we are not required to agree with such a request unless you pay out of pocket in full for a particular healthcare item or service, in which case you have the right to restrict certain disclosures of your health information, related solely to such item or service, to your health plan for payment or health care operations. If, however, we agree to the requested restriction, it is binding on us.
- You have the right to inspect and copy your own health information upon request. However, we are not required to provide you access to all the health information that we maintain. For example, this right does not extend to psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding, or subject to or exempt from Clinical Laboratory Improvements Amendments of 1988. Access may also be denied if disclosure would reasonably endanger you or another person.
- You have the right to verbally object to certain disclosures that are routinely made for treatment, payment or healthcare operations or for other purposes without an authorization. For example, we are required to give you an opportunity to object to the sharing of your health information with a person or family member accompanying you for treatment.
- You have the right to request an amendment of your health information. If we disagree with the requested amendment, we will permit you to include a statement in the record. Moreover, we will provide you with a written explanation of the reasons for the denial and the procedures for filing appropriate complaints and appeals.

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*Your Health Information Rights Continued ...*

- You have the right to receive an accounting of disclosures made by us of your health information within six (6) years prior to the date of your request. The accounting will not include disclosures related to treatment, payment or health care operations, disclosures made to you, disclosures made pursuant to a validly executed authorization, disclosures permitted by the Privacy Regulations or disclosures to persons involved in your care. The accounting of disclosures shall include the date of each disclosure, name and address of the person or organization who received your health information, a brief description of the information disclosed, and the purpose for the disclosure.
- You have the right to receive confidential communications of your health information by alternative means or alternative locations. For example, you may request that we only contact you at work or by mail.
- You have the right to revoke a validly executed authorization for the use or disclosure of your health information. However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.
- If you are affected by a breach of your unsecured protected health information by us or our business associates, then you have the right to be notified following such a breach.
- You have the right to receive a copy of this notice.

## Complaints

Complaints about your privacy rights should be directed to:

**PHOENIX Rehabilitation and Health Services, Inc.**  
Attn. Privacy Officer  
430 Innovation Drive, Blairsville, PA 15717

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

**Department of Health and Human Services**  
Attn. Office of Civil Rights  
200 Independence Avenue  
S.W. Room 509F HHS Building, Washington, DC 20201

This notice is effective as of 09/23/13.



# 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.**

PHOENIX Rehabilitation and Health Services, Inc. is required by law to maintain the privacy of your protected health information, to provide you with this Notice of Privacy Practices, and to abide by this notice. PHOENIX Rehabilitation and Health Services, Inc. reserves the right to amend this Notice of Privacy Practices at any time as required by changes in federal and state regulations.

The revised notice will apply to all protected health information that is maintained at that time and will be available upon your request.

# Uses and Disclosures of Your Protected Health Care Information

You will be asked to sign an acknowledgement of receipt of this Notice of Privacy Practices and an authorization and consent statement. This allows PHOENIX Rehabilitation and Health Services, Inc. to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

## Treatment

Your protected health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of evaluations and progress notes will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

## Payment

Your protected health information may be used to seek payment for health care services from your insurance provider, from other sources of coverage, or from collection agencies. For example, your insurance provider may request and receive medical information including diagnosis, date of onset, dates of service, and codes describing health care services provided.

## Health Care Operations

Your protected health information may be used as necessary to support the operation of day-to-day activities of PHOENIX Rehabilitation and Health Services, Inc. For example, information on the services you received may be used to support financial reporting, quality assurance, marketing analysis, employee review activities, and regulatory procedures.

PHOENIX Rehabilitation and Health Services, Inc. is also allowed to use and disclose your protected health information for other purposes.

## Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

## Emergencies

We may disclose your health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition, in the event of an emergency, or of your death.

## Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

## Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

## Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena, and other law enforcement purposes.

## Deceased Persons

We may disclose your health information to coroners or medical examiners.

## Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

## Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

## Specialized Government Agencies

We may disclose your health information for military, national security, prisoner, and government benefits purposes.

## Marketing

We may use or disclose your health information to make a marketing communication to you, if such communication is conducted face-to-face or concerns products or services of nominal value. For those marketing communications that do not fall within an exception to the authorization requirement, such as face to face communications, we will not provide marketing communications to you for which we receive remuneration without your authorization.

## Change of Ownership

In the event that PHOENIX Rehabilitation and Health Services, Inc. is sold or merged with another organization, your health information or medical record will become the property of the new owner.

## Other Uses and Disclosures

In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Regulations.

**For more information, please visit us at [www.phoenixrehab.com](http://www.phoenixrehab.com)**