

ept Rehabilitation

NOTICE OF PRIVACY PRACTICES

Please review this notice carefully!!

In compliance with the **Health Insurance Portability and Accountability Act (HIPAA)**, EPT Rehabilitation is informing you of your privacy rights. Please review the information below:

What is HIPAA? HIPAA is a law that passed in congress in 1990 to improve efficiency and effectiveness of the health care system. It required health care professionals to adhere to privacy and security standards in order to protect their patient's Personal Health Information (PHI). PHI is confidential information about a patient, including demographic information.

What are my rights under HIPAA? Under HIPAA you have a right to request the following as long as a request is made in writing to the attention of the Privacy Officer and applicable fees are paid. There is a possibility that your request may be denied. If it is denied we will explain why in writing.

- **You have a right to inspect and obtain a copy of your PHI.** We will respond to your request within 30 days. In most cases your request will be honored and a copy will be mailed to you.
- **You have a right to request an amendment of PHI.** If you feel that your PHI is inaccurate or incomplete, you may request an amendment of your PHI. We will respond to your request within 60 days. If we honor your request we will amend your PHI and notify you and applicable parties. We will deny your request if we determine your PHI to be correct or complete, if your PHI was not created by us, or if PHI is not available for inspection.
- **You have the right to know what disclosure(s) of your PHI have been made.** You have a right to request a listing of who your PHI was sent to, when it was sent, what content of your PHI was sent and for what purpose. We will respond to your request within 60 days. There will be no charge for your initial request. Additionally, your request may not include disclosures made for national security purposes, to law enforcement officials/ correctional facilities, or disclosures made prior to April 14th, 2003.
- **You have a right to request confidential communication of PHI.** We will honor all reasonable requests to keep communications confidential. A reasonable request is one that specifies an alternative address, gives other means of contact, and provides detailed information on how payment will be handled.
- **You have a right to request restrictions on the use and disclosure of PHI;** however we are not required to agree to your request. Your request must state specific restrictions and whom the restrictions would apply to.

How will EPT Rehabilitation Use and Disclose PHI under HIPAA? HIPAA allows us to use and disclose your PHI for the purposes of **Treatment, Payment and Healthcare Operations**. We will specifically use and disclose your PHI to communicate with your physician and to, upon request, assist your insurance company with the processing of your claims. Additionally, we will use your basic demographic information to notify you of new services or facilities. Your authorization is not required for use and disclosure of PHI for the purpose of **Treatment,**

Payment and Healthcare Operations. Listed are other instances in which Use and Disclosure of your PHI is allowed without your authorization.

- **Disclosure to those involved in the individuals care** – When necessary, we make professional decisions to disclose PHI to family members, close friends or other persons involved in and assisting in your care when you approve or are not able or present to approve.
- **Use and Disclosures Required by Law** - as required by law we are required to use and disclose PHI for the following reasons.
 - Use and Disclose PHI for Public Health Activities- Examples include: communicable diseases, sexually transmitted diseases, lead poisoning, Reyes Syndrome, etc., to public health officials.
 - Disclose PHI about Victims of Abuse, Neglect, or Domestic Violence- Examples include: child abuse and neglect, an abused or neglected nursing home resident, a patient over 60 years old involved in elder abuse.
 - Uses and Disclosure of Health Oversight Activities- We may use and release PHI to be used for audits, investigations and licensure issues, etc.
 - Disclosure for Judicial and Administrative Proceedings- We may disclose limited PHI to the appropriate authorities as a result of a court order subpoena, discovery request, etc.
 - Disclosure for Law Enforcement Purposes- We may disclose reasonably necessary PHI to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person.
 - Uses and Disclosures Related to Decedents - We may use and disclose PHI to a coroner or medical examiner and funeral directors as required by law.
 - Uses and Disclosures to Avert a Serious Threat to Health or Safety- We may use and release PHI to public health or other authorities required by law in order to prevent a serious threat to your health or safety.
 - Uses and Disclosures for Specialized Government Situations- we may use and release PHI for military/veterans activities and national security/intelligence.
 - Use and Disclosure of PHI in Emergency Situations- in the event of eminent threat to the safety of a patient, we may disclose PHI to prevent or lessen threat.
- **Uses and Disclosures of PHI for Research purposes**- We do not use or disclose PHI for research purposes, unless you authorize such a disclosure.
- **Uses and Disclosure requiring the patients authorization**- We must obtain your written authorization if we are interested in using or disclosing your PHI for reasons other than treatment, payment, and health operations. You may revoke your authorizations at any time.

What does HIPAA require of EPT Rehabilitation? EPT Rehabilitation must maintain the privacy of PHI, abide the terms of this notice and provide patients with a revised notice, if necessary.

Where can I file a privacy complaint? If you feel your privacy rights have been violated, contact the regional Department of Health and Human Services at (707) 441-4600.

I acknowledge receipt of The Notice of Privacy Practices, which describes how my medical information may be used, disclosed and accessed as required by law.

Patient Name: _____
Please Print

Patient Signature

Date

Relationship of Representative

Reason for Representative