

REVISION EFFECTIVE DATE: 2/25/08

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice tells you the ways we may use and disclose medical information about you. Not every use or disclosure in a category will be listed but all of the ways we are permitted to use and disclose information will fall within one of the categories. We reserve the right to change this notice. We reserve the right to make the revised notice 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 the current notice in plain view. Each time we revise our notice, we will post it and will also make it available to you upon request.

We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept confidential;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Make a good faith effort to obtain your acknowledgement that you have received this notice; and
- Follow the terms of the notice that is currently in effect.

**FOR TREATMENT:** We may use medical information about you to provide medical treatment or services. We may disclose medical information about you to doctors, nurses, or other personnel in our organization who are involved in taking care of you. For example, we may need to tell a therapist about your condition in order to coordinate your therapy. We also may disclose medical information about you to health care providers outside our organization who are involved in your treatment, such as consulting physicians or therapists. Also, we may share medical information about you in order to coordinate different things you may need such as prescriptions, lab work, and x-rays.

**FOR PAYMENT:** We may use and disclose medical information about you so that the services you receive from us or other providers may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your medical insurance plan information about treatment you received, so it will pay us or reimburse you for the treatment, or to obtain prior approval or determine whether your plan will cover the treatment.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for our operations and to make sure that you receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may disclose medical information to “business associates” who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential.

**CENTRAL OPERATIONS:** This facility is a RehabCare Group, Inc. (RehabCare) facility. RehabCare is a covered entity for purposes of complying with the federal Privacy Standards. Most of our payment and health care operations are performed centrally by RehabCare, and certain medical information about you may be shared with RehabCare for those purposes. For instance, we may share information about you for billing, quality assurance, and compliance purposes or in dealing with our employees. We do not share identifiable information about you with other RehabCare facilities unless it is in connection with your treatment (for example, if you are transferred to one of our other hospitals), payment, or our health care operations (such as looking at trends among RehabCare facilities).

## OTHER USES OF MEDICAL INFORMATION

For uses and disclosures beyond treatment, payment, and operations purposes, we are required to have your written authorization, unless the disclosure falls within one of the exceptions described below. All disclosures of psychotherapy notes require your written authorization, with certain very limited exceptions such as disclosures necessary to protect your safety or the safety of others or as otherwise required by law. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

- We may use and disclose medical information to contact you to remind you of an appointment for treatment.
- We may use and disclose medical information to tell you about or recommend treatment options or alternatives or other health-related benefits or services that may be of interest to you.
- If you do not object, we may release medical information about you to a friend or family member who is involved in your medical care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- Under certain circumstances, we may use and disclose medical information about you for research purposes. We will almost always ask for your specific permission if the researcher will have access to information that reveals who you are, or will be involved in your care.
- We will disclose medical information about you when required to do so by federal, state or local law.
- 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 help prevent the threat.
- If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate donation and transplantation.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- We may release medical information about you to your employer for workers compensation or similar programs as required by law. When that occurs, we will give you notice about the disclosure.
- We may disclose medical information about you for public health activities (such as reports of communicable diseases, births and deaths, child abuse or neglect, reactions to medications or problems with products), and if required by law, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease, or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- We may disclose medical information to a health oversight agency such as Medicare for activities such as audits and investigations that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if a reasonable effort has been made to tell you about the request or to obtain an order protecting the information requested.
- We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at this organization; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

- We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- We may disclose medical information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official if necessary.

## RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the right to:

- Request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations, or to someone who is involved in your care. For example, you could ask that we not use or disclose information about a procedure you had.
- Request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- Inspect and receive a copy of the medical information that may be used to make decisions about you. This generally includes your medical and billing records, but does not include psychotherapy notes.
- Ask us to amend the medical information we have about you if you feel it is incorrect or incomplete.
- Request a list of the disclosures we made of medical information about you, except for treatment, billing and health care operations, or as a result of your written or verbal authorization (such as for listing in the facility directory).
- Request a paper copy of this Notice.

Ask a member of our therapy team if you would like to exercise these rights. We have the right to deny the request in certain circumstances.

## QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated by this facility you may file a complaint with us by contacting the Primary Agency Administrator in the state or region of the state that you received our services. The contact number for each state/region is provided below. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Alabama	205-982-4770	Southern California	949-458-0683
Colorado	303-988-1407	Florida	386-698-4720
Illinois	618-235-6814	Indiana	317-876-9125
Kansas	913-381-8984	Louisiana	318-368-3984
Michigan	810-765-8110	Minnesota	763-767-0854
Missouri	314-822-6297	North Carolina	828-258-1034
Oklahoma	405-858-8737	Pennsylvania	724-940-3468
South Carolina	843-871-7116	Tennessee	901-388-4775
Texas	972-907-1004	Wisconsin	414-281-8911

RehabCare Corporate Compliance 800-677-1238

You may also file a complaint with the U.S. Secretary of the Department of Health and Human Services.