

FT. WASHINGTON REHABILITATION & FITNESS CENTER

NOTICE OF PRIVACY PRACTICES

This Notice describes your rights and our obligations under regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regarding your health information and informs you about the possible uses and disclosures of your health information. This Notice applies to all information and records related to your care that Ft. Washington Rehabilitation & Fitness Center has received or created, or will receive or create. It extends to information received or created by our employees, staff, and health care practitioners. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

Ft. Washington Rehabilitation & Fitness Center takes the privacy of your medical records seriously, and will abide by the requirements under the law to maintain the privacy of your health information to provide you this detailed Notice of our legal duties and privacy practices relating to your health information, and to abide by the terms of the Notices that are currently in effect.

Uses and disclosure without Authorization

Ft. Washington Rehabilitation & Fitness Center may use and disclose your health information for purposes of treatment, payment and health care operations as described below:

- 1. For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors or any personnel who are involved in taking care of you on behalf of Ft. Washington Rehabilitation & Fitness Center. We may also disclose health information to individuals or facilities that will be involved in your care after you leave our facility.
- 2. For Payment:** We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.
- 3. For Health Care Operations:** We may use and disclose your health information as necessary for facility operations such as for management purposes, or the monitoring of the quality of care you receive at this facility. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services. We may also use and disclose health information for education and training purposes. We may also use and disclose health information to other health care entities, in compliance with the Privacy Rule that have a treatment relationship with you.

Other Uses and disclosures that may be made without written Authorization

Under the Privacy rule, Ft. Washington Rehabilitation & Fitness Center is permitted and may be required to use or disclose your health information without your written authorization in limited situations. The following lists the limited situations in which our facility may use and disclose your health information without written authorization:

- As required by law
- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Reporting Victims of Abuse, Neglect or Domestic Violence
- Judicial and Administrative Proceedings
- Law Enforcement

- Correctional Institutions
- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- Funeral directors, Coroners, Medical Examiners, and Organ and Tissue Procurement Organizations
- National Security and Intelligence Agencies; Protective Services for the President and Others
- Research
- To prevent a serious threat to health or safety

If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Other Uses and Disclosures that may be made without written Authorization, Unless You Object

Ft. Washington may use or disclose your health information in the following ways, unless you object to the use or request that we limit the use:

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health 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.

Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities our facility is participating in. We may also contact you to assess your satisfaction with our services. If you do not wish to be contacted, please notify our office.

Appointment Reminders: We may use or disclose health information to remind you about appointments. When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail. **Your authorization is required for all other uses of health information unless otherwise now or hereafter permitted by the privacy rule or other applicable federal, state, or local law, rule, or regulation.** Except as described in this Notice, we will use and disclose your health information only with your written authorization. Such an authorization must specify the particular uses or disclosures that you may allow, and it will be limited to a certain time or event. You may revoke an Authorization to use or disclose health information, in writing, at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, under the Privacy Rule you have the **right to:**

Inspect and Copy: You have the right to inspect and obtain a copy of certain health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We are permitted, under the Privacy Rule, to deny your request to inspect and copy in certain circumstances. If you are denied access to health information, you may, depending on the reason for the denial, request that the denial be reviewed.

Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this facility. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations, but Ft. Washington Rehabilitation & Fitness Center is not required to agree to the restriction. If this facility does agree to a restriction, we will honor your request unless the information is needed to provide you emergency treatment.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. We will accommodate your reasonable requests.

A Paper copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Changes to this Notice

We reserve the right to change this notice at any time. Any revised or changed notice will be effective for information we already have about you, as well as any information we receive in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with this facility or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.

Ft. Washington Rehabilitation & Fitness will not retaliate against you if you file a complaint.

Ft. Washington Rehabilitation & Fitness Center, Inc.

Please **initial one** of the following options:

I prefer to be provided with a copy of the Ft. Washington Rehabilitation & Fitness Center, Inc. Notice of Privacy Practices. _____
(initial)

I prefer not to be provided with a copy of the Ft. Washington Rehabilitation & Fitness Center, Inc. Notice of Privacy Practices. _____
(initial)

Date

Signature

Witness