



NOTICE OF PRIVACY PRACTICES

PRIVACY NOTICE

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.

Your health information is personal, and we are required by law to protect the privacy of this information. Your health information is also very important to our ability to provide you with quality care. We are also required to provide you with access to this Notice regarding our legal duties, policies, and procedures to protect and maintain the privacy of your health information. This Notice applies to all records about your care that occur with Beyond Rehab, LLC.

I. We are legally required to safeguard your Protected Health Information or “PHI”.

II. We required by law to:

- A. maintain the privacy of your health information
- B. provide you with this Notice, and
- C. comply with this Notice

III. We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change. If a change in our practices is material, we will revise this Notice to reflect the change.

You may obtain a copy of any revised Notice by contacting the Privacy Officer at
36 Magnolia Place Way, Senoia, GA 30276.

IV. **Uses and Disclosures Which Require Patient Consent:** We are permitted with your written Consent to use and disclose your Health Information for the following purposes:

A. **Treatment:** We are permitted to use and disclose your health information in the provision and coordination of your health care. For example, your health information may be disclosed to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment.

B. **Payment:** We are permitted to use and disclose your health information for the purposes of determining coverage, billing, and reimbursement. Your health information may be released to an insurance company, third party payor, or other authorized entity or person involved in the payment of your medical bills and may include copies or portions of your medical record which are necessary for payment of your bill.

C. **Health Care Operations.** We are permitted use and disclose your health information for during our health care operations. For example, we may use your health information to evaluate the quality of care you received from us.

V. Uses and Disclosures Which Require Patient Opportunity to Verbally Agree or Object:

We may use and disclose your information for the following: your name and location in our facility directories, to disaster relief agencies, and to family members, close personal friends or any other person identified to you, if the information is directly relevant to that person's involvement in your care or treatment. Other than in the case of emergency, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information

VI. Uses and Disclosures Which Require Written Authorization:

As required, all other uses and disclosures of your health information will be made only with your written Authorization. You may revoke your authorization at any time and this will be effective immediately except in the following: We have relied upon it previously for the use and disclosure of your health information; if the authorization obtained was for obtaining insurance coverage; or where the health information was obtained as part of a research study and is necessary to maintain the integrity of the study.

VII. Uses and Disclosures Which Do Not Require Consent

1. When required by law.
2. For public health activities.
3. For reports about victims of abuse, neglect, or domestic violence.
4. To Health Oversight Agencies. We will provide your PHI as requested to government agencies that have authority to audit or investigate our operations.
5. To Law enforcement when required to do so by law.
6. Coroners, Medical Examiners, Funeral Directors. For example, health information that is necessary to determine a cause of death.
7. Research.
8. Threats to Health and Safety.
9. For specialized Government Functions. For example, we may disclose your health information to authorized federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President or foreign heads of state or conduct special investigations authorized by law.
10. To Workers' Compensation or similar programs

VIII. PATIENT RIGHTS

You have the following rights concerning your health information.

1. Right to inspect and copy your health information.
2. Right to request restrictions on the use and disclosure of your health information.
3. Right to request an amendment of your health information.
 - We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not health information maintained by us, is health information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. You will have an opportunity to submit a statement of disagreement if we disagree with your requested amendment.
4. Right to alternative communications.
 - For example, you may request that we only contact you at home or by mail.
5. Right to a list of disclosures we have made.
 - You have the right to get a list of instances in which we have disclosed your health information. The list will not include disclosures we have made for our treatment, payment and healthcare operations purposes, those made directly to you or your family or friends or through our facility directory, or for disaster notification purposes. Neither will the list include disclosures we have made with your written authorization, for national security purposes or to law enforcement personnel, disclosure of limited data set, or disclosures made before April 14, 2003.
6. Right to receive a paper copy of this privacy notice.

IX. COMPLAINTS

- If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and address it to our Privacy Officer at 36 Magnolia Place Way, Senoia, GA 30276.