Elite Rehabilitation Sports Therapy, Dianna Merrill, and Mellisa Cognata

Elite Rehabilitation Sports Therapy/Pinnacle Rehabilitation Network, LLC

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PRIVACY PRACTICE NOTICE

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

As a patient of Elite Rehabilitation Sports Therapy/Pinnacle Rehabilitation Network, LLC you have legal rights concerning how we use or disclose "protected health information" about you. Protected Health Information ("PHI") is information that we create or receive that identifies you and concerns your past, present, or future physical or mental health or condition.

We are required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your PHI, and provide to you this Notice of Privacy Practices ("Notice"). This Notice describes how we may use and disclose your PHI to carry out treatment, payment or health care operations. This Notice also explains your rights to access and control your PHI, our duties regarding your PHI, and the Practices we have established to protect the privacy of your PHI.

To help you understand your rights, and explain our legal obligations regarding your PHI, we are pleased to provide you with the following important information:

We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that Elite Rehabilitation Sports Therapy/Pinnacle Rehabilitation Network, LLC has created or received in the past, and for any of your records that we may create or receive in the future. Elite Rehabilitation Sports Therapy/Pinnacle Rehabilitation Network, LLC will post a copy on the sign-in clipboard at the front desk, and you may request a copy of the most current Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI:

- **Treatment**. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, such as your physician, nurse practitioner, worker's compensation case manager, that is involved in your care or that you give us consent to speak to.

- **Payment**. We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will pay for the treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members (subscriber, spouse, or guarantor), your attorney on record, or medical or liability insurance company.

- **Health Care Operations**. We may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities.

- **Appointment Reminders**. We may include PHI as part of appointment reminders or rescheduled appointments.

- **Email**. We may use your email to provide information on the clinic/updates, as well as clinical information, unless specified in writing.

- **Release of Information to Family/Friends.** We may disclose to a family member or friend PHI that is necessary for their involvement in your treatment and care, or to notify them of your location, general condition or death.

- **Disclosures Required by Law**. We may have to disclose PHI as required by federal, state or local law.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe special circumstances in which we may use or disclose your PHI:

- **Workers' Compensation**. We may disclose your PHI for the purposes of workers' compensation and similar programs.

- **Serious Threats to Health or Safety**. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. This may include suspected child or elder abuse. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

- **Lawsuits and Similar Proceedings**. We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

- **Public Health Risks**. We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
    - maintaining vital records, such as births and deaths
    - preventing or controlling disease, injury or disability
    - notifying a person regarding potential exposure to a communicable disease
    - notifying a person regarding a potential risk for spreading or contracting a disease or condition.

- **Health Oversight Activities**. We may disclose your PHI as part of health oversight activities as authorized by law. Those kinds of activities can include investigations, inspections, audits, surveys, licensure and disciplinary activities, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

- **HIV Infection Status**. State law protects the confidentiality of HIV infection status. We may not disclose any information regarding HIV infection status without your written consent except as required by law.

- **Law Enforcement**. We may release PHI if asked to do so by a law enforcement official under the following circumstances:

    - Regarding a crime victim when authorized by law
    - Concerning a death we believe has resulted from criminal conduct when authorized or required by law
    - Regarding criminal conduct at our offices
    - In response to a warrant, summons, court order, or similar legal process

- **National Security**. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

- **Inmates**. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

D. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

- **Right to Provide an Authorization for Other Uses and Disclosures**. We will obtain your written authorization for uses and disclosures that are not identified by this Notice. For example, if an attorney calls for information and is not listed as *YOUR* attorney of record; or liability carrier requests information that you have not provided as *YOUR* insurance company. (Ask the Office Manager, Dianna Merrill for a Medical Release form if you need one.) Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

- **Confidential Communications**. You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request to the Office Manager, Dianna Merrill specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

- **Requesting Restrictions**. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request.** However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our

disclosure of your PHI, you must make your request in writing to the Office Manager, Dianna Merrill. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit the Practice's use, disclosure or both; and
- To whom you want the limits to apply.

- **Inspection and Copies**. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must make the request in person or in writing to the Office Manager, Dianna Merrill in order to inspect and/or obtain a copy of your PHI. We may deny your request to inspect and/or copy in certain limited circumstances; however, we must provide a reason for our denial. Contact the Department of Health and Human Services' Office for Civil Rights if you disagree with the decision.

- **Amendment**. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Elite Rehabilitation Sports Therapy/Pinnacle Rehabilitation Network, LLC. To request an amendment, your request must be made in writing and submitted to the Practice Manager, Mellisa Cognata. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the Practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by the Practice, unless the individual or entity that created the information is not available to amend the information.

- **Accounting of Disclosures**. All of our patients have the right to request an "accounting of disclosures." An accounting of disclosures is a list of certain **non-routine disclosures** the Practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our Practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the Office Manager, Dianna Merrill. All requests for an accounting of disclosures must state a time period, which may not be longer than 6 years from the date of disclosure and may not include dates before April 14, 2003.

- **Right to a Paper Copy of this Notice**. You have a right to receive a paper copy of this Notice upon request.

- **Right to File a Complaint**. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, Karen Costa-Natario, or with the Secretary of the Department of Health and Human Services. Complaints, to us, must be submitted in writing, and sent to Pinnacle Rehabilitation Network, LLC, ATTN: Karen Costa-Natario, Privacy Officer 110 Haverhill Road, Suite524, Amesbury, MA 01913. You will not be penalized for filing a complaint. Or contact the Department of Health and Human Services' Office for Civil Rights to file a complaint.

Your privacy rights are important to us. If you have any questions regarding this Notice of Privacy Practices or our health information privacy policies, please contact the Practice Manager, Mellisa Cognata, at (603) 262-3305.

Revised August 25, 2008
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