

REHABILITATION TODAY/REHABILITATION TODAY SERVICES

**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 THE INFORMATION CAREFULLY**

- Your protected health information may be released for TREATMENT purposes, ( example: to other healthcare professional who are involved in your care for the purpose of providing you with quality healthcare)
  - Your protected health information may be released for PAYMENT purposes, (example: to your insurance company for the purpose of receiving payment for providing you with needed healthcare services)
  - Your protected health information may be released for our HEALTHCARE OPERATIONS (examples: quality management activities, performance evaluations, training programs, including students)
  - Your protected health information may be released to public health or law enforcement officials in the event of an investigation in which you are victim of abuse, a crime or domestic violence
  - Your protected health information may be released to other healthcare providers in the event you need emergency care
  - Your protected healthcare information may be released to a public health organizations (Health Dept.) or federal organization (CDC) in the event of a communicable disease or (FDA) to report a defective device or untoward event to a biological product (food or medication)
  - Your protected health information may be released as required by state and/or federal laws
  - Your protected health information may be released to family members, other relatives, close personal friend or any other person identified by you, if you are present and you agree or do not object. When you are not able to agree or object and in the provider professional judgment it is in your best interest, protected information may be released as it relates to that persons involvement in your care or payment of that care.
  - We will release your protected health information to your personal representative(example: the parents of a minor, when applicable)
  - Your protected health information may be released to avert serious threat to the health and safety of a person or the public.
  - Your protected health information may be released in response to court orders, judicial and administrative proceedings (example: subpoenas)
  - Your protected health information may be disclosed to governmental agencies for healthcare oversight (example: fraud investigations) or special functions (example: national security)
  - Your protected health information may be released to correctional institutions or such law enforcement officials under certain circumstances , if you are an inmate or other person in lawful custody
  - Your protected health information may be released to comply with the laws relating to workers compensation or other similar programs.
- We may contact you to remind you of appointments, healthcare treatment options or other health services that may be of interest to you.
- You have a right to restrict the use of your protected health information. We are not required to agree with these restrictions, but if we do , we must abide by the agreement (except for emergency situations)
  - Your protected health information will *NOT* be released for any other purpose than that which is identified in this notice. For any other reason your protected health information may be released only after receiving written authorization from you. You have a right to a copy of the authorization. You have the right to revoke your authorization at any time.
  - You will be informed of any breach of your protected health information.
  - You have a right to restrict disclosure to your health plan if you pay for services out of pocket.

CONTINUE ON THE BACK FOR MORE INFORMATION

PRIVACY NOTICE CONTINUES;

- You have the right to receive confidential communication about your health status by different means or locations.
- You have a right to review and obtain copies of any of your healthcare information. Upon request you may receive your health information by electronic format (CD or thumb drive) Copies will be provided at a reasonable cost.
- You have a right to request corrections or amendments to your healthcare information
- You have a right to know who has accessed your protected health information for purposes other than treatment, payment and healthcare operations and other specific exceptions. You may receive one accounting of the disclosure in any twelve-month period at no cost to you, further accountings in that twelve-month period will be provided at a reasonable cost.
- You have a right to complain if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated please mail your complaints to:

Madelyn Thornton - Privacy Officer  
Rehabilitation Today  
2416 Constitution Avenue  
Olean, New York 14760

or

Heath Brown - CEO  
Rehabilitation Today  
2416 Constitution Avenue  
Olean, New York 14760

- You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.
- All complaints will be investigated. No personal issues will be raised or retaliation occur for filing a complaint.
- You have a right to a copy of this Privacy Notice upon request.
- We are required by law to protect the privacy of our patients. We will keep confidential any and all patient protected health information.
- We will abide by the terms of this notice. We reserve the right to make changes to this notice, the new notice would then be available upon request.

This notice is effective as of 9/23/13.

For further information or questions regarding this Privacy Notice or Rehabilitation Today/Rehabilitation Today Services Privacy Practices, please contact: Madelyn Thornton - Privacy Officer at (716) 372-2808

I have reviewed Rehabilitation Today/Rehabilitation Today Services Privacy Notice. I understand if I have any question in regards to the privacy notice or the privacy practices of Rehabilitation Today/Rehabilitation Today Services I may speak with my healthcare provider or contact the privacy officer.

SIGNATURES:

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Personal Representative (Relationship)

\_\_\_\_\_  
Date