

WEISMAN CHILDREN'S REHABILITATION HOSPITAL

NOTICE OF PRIVACY INFORMATION PRACTICES

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.

We respect the privacy of your personal health information and are committed to maintaining our patients' or parents/guardians' confidentiality. This Notice applies to all information and records related to your care that our hospital has received or created. It extends to information received or created by our employees, staff, volunteers and physicians. This Notice informs you of the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

- maintain the privacy of your protected health information (PHI)**
- provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information; and**
- abide by the terms of the Notice that are currently in effect.**

We reserve the right to change this notice and to make the revised or changed notice effective for health 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 our facility. The first page of the notice contains the effective date and any dates of revision.

WITH YOUR CONSENT, WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

As a condition of treatment, you will be asked to sign a Consent (Form 107) allowing us to use and disclose your personal health information for purposes of treatment, payment and health care operations. We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

We will use and disclose your personal health information (other than as described in this Notice or required by law) with your written authorization. You may revoke your Authorization to use or disclose personal health information in writing at any time. If you revoke your authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

Staff will make a reasonable effort to disclose or use only the minimum necessary amount of protected health information in order to do their jobs.

- 1. Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, technicians, medical and nursing students, rehabilitation therapy specialists, social services personnel, activity personnel or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may disclose your health information to people outside of our hospital who may be involved in your health care, such as family members, social services, or home health agencies.
- 2. Payment.** We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at our hospital. For example, we may need to give information to your health plan regarding the services you receive from our hospital so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order obtain prior approval for the services or to determine whether your health plan will cover the treatment.
- 3. Health care operations.** We may use or disclose your health information to perform certain functions within our hospital. These uses or disclosures are necessary to operate our facility and to make sure that our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many of our patients to determine whether certain services are effective or whether additional services should be provided. We may disclose your health information to physicians, nurses, nursing assistants, rehabilitation therapy specialists, social services personnel, activity personnel technicians medical and nursing students and other personnel for review and learning purposes. We may remove information that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of our patients.

Uses or disclosures made pursuant to your written authorization.

Uses and disclosures of especially sensitive information will require a patient's or guardian's authorization, even for purposes of treatment, payment, or health care operation. We may use or disclose your health information with your written authorization for purposes other than treatment, payment or health operations and for purposes which are not permitted or required by law. You have the right to revoke a written authorization at any time as long as your revocation is provide to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in authorization. You understand that we are unable to retrieve any disclosures, which we may have made pursuant to your authorization prior to its revocation.

Uses or disclosures made pursuant to your verbal agreement

We may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in our hospital directory or for purposes of releasing information to persons involved in your care as described below.

- 1. Hospital directory.** Unless you object we will include certain limited information about you in our hospital directory. This information may include your name, your location in the hospital and your general condition and your religious affiliation, to people who ask for you by name. Our directory does not include specific medical information about you. We

may provide the directory information, including your religious affiliation, to any member of the clergy.

- 2. Individuals involved in your care.** Unless you object we may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts or the purpose of notifying your family or friends involved in your care about your condition, status and location.

Uses or disclosures permitted by law

We will disclose your personal health information when required by law to do so.

- 1. Public health activities.** We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability. We may use or disclose your health information for the following purposes:
 - A. To report births and deaths**
 - B. To report suspected or actual abuse, neglect or domestic violence involving a child or adult.**
 - C. To report a potential actual adverse incident as dictated by regulation**
 - D. To report adverse reactions to medications or problems with health care products.**
 - E. To notify individuals of product recalls**
 - F. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition.**
- 2. Health oversight activities.** We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspection, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulation.
- 3. Judicial or administrative proceedings.** We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request or other lawful process issued by a judge or other person involved in the dispute. Efforts must be made to contact you about the request or obtain an order for agreement protecting the information.
- 4. Worker's Compensation.** We may use or disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- 5. Law enforcement official.** We may use or disclose your health information in response to a request received from law enforcement such as:
 - a. In response to court order, subpoena, warrant, summons or similar lawful process**
 - b. To identify or locate a suspect, fugitive, material witness or missing person**
 - c. Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement**

- d. To report information about a suspicious death;
 - e. To report criminal conduct at our hospital
 - f. In emergency situations, to report a crime-the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime.
6. **Coroners, medical examiners.** We may use or disclose your health information to a coroner or medical examiner or funeral director.
 7. **Research.** We may use or disclose your health information for research purposes under certain limited circumstances. However, if we use or disclose your health information we will ask for your specific permission if the researcher will have access to your name, address or other identifying information. The research project requires special approval.
 8. **To avert a serious threat to health or safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.
 9. **Military and veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
 10. **National security and intelligence activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities by law.
 11. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (a) for the institution to provide you with health care (b) to protect the health or safety of you or another person; or (c) for the safety and security of the correctional institution

Uses and disclosures required by law

We may disclose your information where such uses or disclosures are required by federal, state or local law.

The facility must provide you access to your information in the hospital's business associate(s) records, unless it's exactly the same as the information maintained in the hospital.

Access must be provided timely at a date, time and place convenient for both the resident and the hospital.

The hospital must provide you access to your information for as long as it maintains records.

With a few exceptions (see below), the hospital must provide the resident's personal representative access to the patient's information. But only if the hospital has no concerns that doing so would result in abuse or harm to anyone. The hospital is not required to produce and denials are not subject to review for:

- psychotherapy notes
- information the facility has complied to use in civil, criminal or administrative action or proceedings such as a court case, Medicare appeal or licensure action
- clinical laboratories if CLIA prohibits access

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information which we create and/or maintain:

1. ACCESS

Right to a paper copy of this Notice at anytime, even if you have agreed to receive it electronically.

Right of access to personal health information.

You have the right to request, either orally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request. If you request copies of the records, we must charge reasonable fee for our costs in copying and /or mailing your requested information.

Right to inspect and copy.

You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this information includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your health information, you must submit your request in writing to the privacy officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, in some cases, you may request that the denial be reviewed. A licensed health care professional selected by the facility will review your request and the denial. The facility will comply with the outcome of this review.

Right to accounting disclosures.

You have the right to request an accounting of the disclosures of which we have made of your health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operation. To request an accounting of disclosures, you must submit your request in writing to the privacy officer. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means.) The first accounting that you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

2. AMENDMENT

Right to request an amendment.

If you feel that the 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 our facility.

To request an amendment, your request must be made in writing and submitted to the privacy officer. In addition, you must provide us with a reason that supports your request.

We may approve or deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that

- a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- b. Is not part of the health information kept by or for the facility
- c. Is not part of the information which you would be permitted to inspect and copy
- d. Is accurate and complete as determined by the facility

3. RESTRICTIONS

Right to request restrictions.

You have the right to request a restriction or limitation on health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you receive. You have the right to request that the facility send communications about their PHI by alternate means or alternate locations.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. To request restrictions, you must make your request in writing to the privacy officer. In your request, you must tell us

- (a.) what information you want to limit;
- (b.) whether you want to limit our use, disclosure or both; and
- (c.) to whom you want the limits to apply (for example, disclosures to a family member).
- (d.) the alternate means or location

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the secretary of the Department of Health and Human Services. To file a complaint with our facility, contact the administrator. All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.

For further information, contact the facility Privacy Officer at (856)489-4520.