



HIPAA NOTIFICATION AND ACKNOWLEDGEMENT **CHCC OUTPATIENT THERAPY**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS CAREFULLY

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatments. This information is often referred to as your health or medical records and serves as a:

- Basis of planning your care and treatment
- Means of communication among the health professionals participating in your care
- Legal document describing the care you received
- Means by which you or a third-party payer can certify that the services billed were actually provided
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we can assess and continually work on to improve the care we deliver and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; make more informed decisions when authorizing disclosure to others; and better understand who, what, when, and why others may access your health information.

Understanding your Health Information Rights

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosure of your information (45 CFR 164.522)
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your health record (45 CFR 164.524)
- Request to amend your health record (45 CFR 164.528)
- Obtain an accounting of disclosures of your health information (45 CFR 164.528)
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

We are required to:

- Maintain privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to your information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment to your record
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations



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We reserve the right to change our practices and to make the changes effective for all protected health information we maintain. If our information changes during your rehab admission, we will inform you of those changes.

If you have questions and would like additional information, you may contact our Privacy Officer at **(847-441-5593)**. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Human and Health Services (HHS). We will not retaliate if you file a complaint.

Examples of disclosures for Treatment, Payment and Health Operations

We will use and disclose your health information **for treatment**. For example, information obtained by us will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record the actions they took and their observations. In that way, your physicians and other providers will know how you are responding to treatment. Copies of these records, as well as other reports will be provided to other providers (for example: Home Health Agencies, Durable Medical Equipment Agencies, Consultants) who are currently participating in your care or will be participating in your care in order to assist them in treating you for your current condition.

We will use and disclose your health information **for purposes of authorization from your insurance carrier for your rehabilitation admission and stay and or for payment**. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Additionally, we may be required to forward additional information to substantiate the medical necessity of the care delivered and that the care for which the claim was submitted was actually delivered. Further, we may disclose health information to the extent authorized and to the extent necessary to comply with workers compensation or other similar programs established by law.

We will use your health information for regular health operations. For example, members of our quality improvement team, may also be known as, process improvement team, may use the information in your health record to assess the care and outcomes in your case and others like it. The information will then be used to continually improve the quality and effectiveness of the healthcare and services we provide.

Business Associates. There are some services provided at SPOS Bothell/ Everett that are through contracts and business associates. Examples include but not limited to laboratories, copy services, and transcription services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. However, to protect your health information we require the business associate to appropriately safeguard your information.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

Family Communication .After careful judgment, we may disclose to a family member or other person you designate, health information relevant to that person's involvement in your care or payment related to your care.



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Funeral Directors. We may disclose health information to funeral directors consistent with law.

Food and Drug Administration (FDA). We may disclose to the FDA health information relative to but not limited to adverse events with respect to food, supplements, and product defects.

Public Health. As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement and Correctional Institution. We may disclose health information for law enforcement purposes as required by law. Should you be an inmate of a correctional institution, we may disclose health information to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. Program/Hospital may enter any other uses or disclosures they may routinely make.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, provided that we or our business associate(s) believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

HIPAA Notification and Acknowledgement Statement effective date: _____

Patient Signature: _____

Date: _____

Other Signature: _____

Date: _____

If signed by Other, state relationship: _____