

Rehab1Network

NOTICE OF PATIENT INFORMATION PRACTICES

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

REHAB1NETWORK

And

ITS AFFILIATED OFFICE(S) LEGAL DUTY

The Rehab1Network and its affiliated offices (collectively referred to hereafter as “Rehab1Network”) is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Rehab1Network uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Rehab1Network may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Rehab1Network may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Rehab1Network policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Rehab1Network may change its policy at any time. When changes are made, a new Notice of Patient Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Patient Information Practices at any time.

PATIENT’S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes. All such requests must be made in writing to the affiliated office(s)’ Privacy Office or Office Manager.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Rehab1Network will consider all such requests on a case-by-case basis, but the Rehab1Network is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned the Rehab1Network may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Privacy Officer at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. Further, The Rehab1Network will not tolerate any retaliatory acts against employees or patients who file a complaint with the Department of Health and Human Services secretary, participate or testify in an investigation or verbally oppose any actions taken by the Rehab1Network that are unlawful under HIPAA Administrative Simplification.

For further information on the Rehab1Network health information practices or if you have a complaint, please contact the following person:

***Bill Jennings, ATC, MA, Privacy Officer
South St. Louis Rehabilitation Institute
Hand Therapy of South St. Louis
#78 Kenrick Plaza
St. Louis, Missouri 63119
Telephone: 314.962.8020 Fax: 314.962.6570***

Rehab1Network

HIPAA Patient Information Consent Form

Acknowledgement

I, the undersigned, acknowledge that I was provided a copy of the current copy of the Rehab1Network and/or its affiliated office(s)' Notice of Patient Information Practices for my review.

I, the undersigned, have read and fully understand the Rehab1Network and/or its affiliated office(s)' Notice of Patient Information Practices. I understand that the Rehab1Network and/or its affiliated office(s) may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Rehab1Network and/or its affiliated office(s) will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in the Rehab1Network and/or its affiliated office(s)' Notice of Patient Information practices. I understand that I retain the right to revoke this consent by notifying the Rehab1Network and/or its affiliated office(s) in writing at any time.

Consent of Release to Other Persons

I hereby give my consent for Rehab1Network and/or its affiliated office(s) to release information regarding my treatment and/or healthcare

Print Person's Name

Relationship

Print Person's Name

Relationship

Patient Name

Signature (Signature of Parent/Guardian)

Facility Representative Signature

Today's Date

Today's Date

Consent Expiration Date: _____