
G & E THERAPIES

NOTICE OF PRIVACY 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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

G & E Therapies provides many types of services including but not limited to; Early Intervention, CPSE, contract services to nursing homes and clinics, and private pay clients. Our employees hold all medical and health information confidential according to our policies and procedures. This Notice is provided to you pursuant to the Health Insurance Portability and Accessibility Act of 1996 and its implementing regulations (HIPAA). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice. We are also required to abide by the terms of this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information even if it was created prior to the change in the Notice. If such amendment is made, we will immediately provide you with a copy of the amended Notice. We will also provide you with a copy, at any time, upon request.

Uses or Disclosures of Your Health Information for purposes of Treatment, Payment or Healthcare Operations without Obtaining Your Prior Authorization. For Example:

We may provide your Health Information to health care professionals including but not limited to doctors, nurses, social workers, Department of Social Services, Department of Health employees and service providers, rehabilitation therapists, and health care technicians -- for purposes of providing you with care.

Our billing department may access your information and send relevant parts to other insurance companies to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions.

We May Also Use or Disclose Your Health Information Under the Following Circumstances without Obtaining Your Prior Authorization:

To Notify and/or Communicate with your Family. Unless you tell us you object, we may use or disclose your Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

How your health information is used:

Without your written authorization, we can use your health information for the following purposes:

- 1. Treatment:** For example, a doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.
- 2. Payment:** In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.
- 3. Health Care Operations:** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.
- 4. For public health activities:** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- 5. For research:** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.
- 6. For military, national security, or incarceration/law enforcement custody:** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
- 7. For workers' compensation:** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
- 8. To those involved with your care or payment of your care:** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency. It is our duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care
- 9. Health Oversight Activities:** We may use or disclose your Health Information to health agencies during the course of audits, investigations, certification and other proceedings.
- 10. In Response to Subpoenas or for Judicial and Administrative Proceedings:** We may use or disclose your Health Information in the course of any administrative or judicial proceeding. However, in

general, we will attempt to ensure that you have been made aware of the use or disclosure of your Health Information prior to providing it to another person.

11. Public Safety. We may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

12. Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to extent necessary to avert serious threat to your health or safety or the health or safety of others.

For All Other Circumstances, We May Only Use or Disclose Your Health Information After You Have Signed an Authorization. If you authorize us to use or disclose your Health Information for another purpose, you may revoke your authorization in writing at any time.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact Gerilyn M. Gault, the Privacy Officer. Specifically, you have the right to:

- 1. Inspect and copy your health information:** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.
- 2. Request to correct your health information:** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
- 3. Request to inspect and review all records:** I understand I am afforded the **opportunity to review and inspect my records** on myself as the client or as the legal guardian of a minor. This includes the right to receive understandable explanations about the record, **obtain a copy of the record** within ten (10) working days of receiving a request unless the request is part of a mediation or impartial hearing. In this case, copies will be provided within five (5) working days. All copies will be provided at no charge up to the first 10 pages. Each copy thereafter will cost \$0.10/page to reproduce. Requests can be verbal or in writing. I understand I also have the right to have a designated representative review the record. I consent to have the G&E Therapies Quality Assessment team, as designated by the Privacy Officer, Gerilyn M. Gault, PT (1-877-GandE07 ext 1) to **inspect my records for quality control** purposes. All parties accessing the record will be required to sign an access log to maintain an authorized record of access.
- 4. Request restrictions on certain uses and disclosures:** You have the right ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction.

If you receive certain medical devices (for example, life-supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the medical device.

Information regarding the release of sensitive medical information (for example, HIV status) will not be shared unless a specific consent form has been signed.

5. As applicable, receive confidential communication of health information: You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

6. Receive a record of disclosures of your health information: In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections, and certain health oversight activities.

7. Obtain a paper copy of this notice: Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.

8. Complain: If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact Gerilyn M. Gault, the Privacy Officer, who will provide you with the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact **Gerilyn M. Gault**, the Privacy Officer at **1-877-GandE07, ext. 01**.

Date Implemented: 05/03

Dates Revised: 03/09

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

For office use only:
Patient Name: _____
Medical Record #: _____
Date of Admission: _____

By signing this form, you acknowledge that G & E Therapies has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

- I have received G & E Therapies' Privacy Notice.
- G & E Therapies has given me the chance to discuss my concerns and questions about the privacy of my health information.

Client/Guardian Signature

Date

G & E Therapies' staff should complete if Acknowledgement Form is not signed:

Does patient have a copy of the Privacy Notice?

- Yes No

Please explain why the patient was unable to sign an acknowledgement form and G & E Therapies' efforts in trying to obtain the patient's signature:

