

Notice of Privacy Practices

Restore Health Group **Health Insurance Portability and Accountability Act of 1996** **(HIPAA)**

Effective April 14, 2003

What kind of information is protected?

“**Protected health information**” or PHI, is a critical HIPAA concept that staff members must understand. PHI is any element of health information that identifies a patient or provides a reasonable basis for identifying a patient. This includes not only the demographic information, but also any other item or characteristic, such as place of employment.

The following examples indicate how Restore Health Group may use or disclose your Protected Health Information. These examples are not exhaustive.

Required Uses and Disclosures

By law, we must disclose your health information to you unless a competent medical authority has determined that it would be harmful to you. We must also disclose health information to the Secretary of Health and Human services for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to another independent contractor, who provides care to you. We may disclose your protected health information from time to time to another physician or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential drug interactions.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities the payer might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for admission to Restore Health Group and/or to a hospital might require that your relevant protected health information be disclosed to obtain approval for the admission.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of medical/allied health students, licensing, communications about a product or service, and conducting or arranging for other health care related activities.

For example, we may disclose your protected health information to allied health students (Physical Therapy, Occupational Therapy, Speech & Language Pathology, or Neuro-psychology Students). We may call your name when your Doctor is ready to see you during rounds. We may use or disclose your protected health information, as necessary, to contact you to remind you of your day treatment or follow up schedule.

We will share your protected health information with “third party” business associates who perform various activities (for example, transcription services). These business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health –related benefits and services that may be of benefit to you.

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

Public Health

We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.

- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of crime
- Deaths suspected from criminal conduct
- Crimes occurring at a Restore Health Group Site
- Medical emergencies (not on Restore Health Group premises) believed to result from criminal conduct

Coroners, Funeral Directors, and Organ Donations

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaver organ, eye, or tissue donations.

Research

We may disclose your protected health information to researchers when authorized by law, or example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety or a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination for fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

Workers Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Inmates

We may use or disclose your protected information if you are an inmate of a correctional facility, and Restore Health Group created or received your protected health information while providing care to you. This disclosure would be necessary (1) for the correctional institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

Uses and Disclosures of Protected Health Information Requiring your Permission

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objections are required:

Restore Health Group Facilities

Unless you object, we will use and disclose PHI within Restore Health Group's Facility system, your condition (in general terms). This information will be disclosed to people who inquire regarding your status by name only.

Individuals Involved in Your Health Care

Unless you object, we will use and disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of you location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or to the individuals involved in your health care.

Your Rights Regarding Your Health Information

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that Restore Health Group uses for making decisions about you.

This right does not include inspections and copying of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the Restore Health Group Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If Restore Health Group believes that the restriction is not in the best interest of either party, or that Restore Health Group can not reasonably accommodate the request, Restore Health Group is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time in writing.

Right to request confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to request an Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to Accounting Disclosures

You request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, for internal Restore Health Group purposes, to family members, or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a copy of this Notice

You may obtain a paper copy of this notice form the Restore Health Group Privacy Officer and/or from the Restore Health Group Web-site.

Complaints

If you believe these privacy rights have been violated, you may file a written complaint with the Restore Health Group Privacy Officer, c/o Restore Health Group, 200 Galleria Parkway, Suite 1800, and Atlanta, GA 30339.

No retaliation will occur against you for filing a complaint.

**Notice of Privacy Practices
Restore Health Group
Acknowledgement**

This will acknowledge receipt of the above referenced notice of Restore Health Group's Privacy Practices. By signing this document you acknowledge that you have received notice of Restore Health Group's Privacy Practices.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides all patients the right of privacy with regard to private health care information. As a client of Restore Health Group who is receiving clinical services, each patient has the following rights:

- Right to request privacy protection for protected health information (PHI)
- Right to access PHI
- Right to request an amendment of PHI
- Right to request an accounting of disclosures of PHI
- Right to a copy of the provider's Notice of Privacy Practices

If you have questions regarding this notice, please contact your Restore Case Manager or the Restore Health Group Privacy Officer.

Signed Patient/Guardian

Date signed

Witness

Date Witnessed

Declination to receive a Copy of Restore Health Group's Privacy Practices.
I, _____ (name) decline to receive a copy of Restore Health Group's Privacy Practices. I can at any time change my mind and request a copy of such practices.

Patient/ Responsible Party Signature

Date: _____