

**NOTICE OF PRIVACY PRACTICES
FOR
CENTRAL REHAB CLINIC**

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

PLEASE READ CAREFULLY!

USES and DISCLOSURES: We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed Authorization:

- **Treatment:** Basis for recording of your care and treatment; communication with other health care providers.
- **Payment:** Billing you or your insurance company with information that may include your diagnosis, procedures and supplies used; calling your insurance company for verification of coverage and certification prior to procedures.
- **Health Care Operations:** Contracting outside agencies for services (i.e. legal and collections of debt)
- **Legal release:** When release is required by law, including judicial settings and to public health agencies and law enforcement.
- **Emergencies:** In emergency situations or to avert serious health/safety situations.
- **Appointments:** To contact you about appointments, treatment alternatives, refill of prescriptions, results of tests or other health related services.
- **Communication:** To communicate with a designated family member or personal representative involved in your health care.
- **Health Plan:** To the sponsor of your health plan.
- **To Workers Compensation**
- **Other:** All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you may provide us.
- **YOUR RIGHTS: You have the following rights concerning your PHI:**
- **Restrictions:** To request access to all or part of your PHI. We are not required to grant your request.
- **Confidential communications:** To receive confidential communications of PHI.
- **Access:** To inspect or receive copies of your PHI
- **Accounting:** To receive an accounting of the disclosures by us of your PHI
- **Complaints:** To complain to us or the US Dept. Of Health & Human Resources if you feel your privacy rights have been violated. The law forbids us from taking retaliatory action against you if you complain.
- If you have questions, want to request any of the above or to place a complaint, Contact Clinic Administrator at 225-261-7094
- **Our duties:** We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice & to make new notice provisions effective for all PHI we maintain. We will present to you any updated notices on your next visit.
- **Effective date:** April 14, 2003

Acknowledgement of Receipt of Privacy Practice

Date