

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 carefully.

YOUR PROTECTED HEALTH INFORMATION (PHI)

Each time you have contact with American Wellness & Rehab Clinic for delivery of healthcare, a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment, future care. Your medical record is the physical property of American Wellness & Rehab Clinic but you have certain rights to restrict some of the uses or disclosures of the information in your medical record. American Wellness, however, has the right to use and disclose the information contained in your medical record in the process of providing treatment, receiving payment and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your care
- Educating healthcare professionals
- Conducting medical research
- Providing information for government and public health entities responsible for improving public health and welfare
- Evaluating and improving the care you receive and the outcomes achieved
- Billing and verification of services provided to you; and
- Conducting other routine healthcare operations such as quality improvement studies and assessing healthcare provider competence

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

- **Healthcare delivery and treatment:** Information obtained from you by a healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your medical condition(s). Following your treatment, this information may be provided to other healthcare professionals who may be involved in your care, such as other physicians, specialists, physical therapists, hospital based providers and/or other healthcare providers.
- **Billing and payment:** Your PHI is utilized to justify the level of care delivered to you and the charges incurred for the services.
- **Other healthcare operations:** American Wellness may disclose your PHI to other individuals and businesses in order to perform day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management, medical research, disease management, and quality improvement initiatives, as well as management services organizations, laboratories, other free standing diagnostic facilities and legal counsel. American Wellness requires all business associates to agree to appropriately protect the confidentiality of your PHI.
- **Reminders and Treatment:** American Wellness may contact you to provide you with information that we feel is useful or helpful to you, based on your PHI. For example, American Wellness may contact you (or instruct a specialist physician or other provider to whom you have been referred to contact you) to schedule an appointment or as an appointment reminder, to check on the status of your treatment, to suggest alternative treatments, or to provide you with information on treatments you are already receiving.
- **Other Uses and Disclosures:** American Wellness may also utilize or disclose your PHI in order to communicate with or notify family members, relatives and others responsible for your health, and funeral directors. In addition, American Wellness may disclose your PHI through other communications and reports required to be made by healthcare professionals such as the public health department, law enforcement, the Food and Drug Administration, organ procurement organizations, in cases of abuse or neglect, communicable diseases, correctional institutions, and workers compensation, where applicable.
- **Employment Uses and Disclosures:** American Wellness may also utilize or disclose your PHI in order to communicate with or notify your employer, school, or other person or entity responsible for payment for your care or treatment. If the treatment provided for you is related to your employment, such as a screening physical or occupational medical care, American Wellness will disclose your PHI to your employer for such purposes.

Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that American Wellness has already taken action in reliance on your prior authorization.

YOUR RIGHTS CONCERNING PROTECTED HEALTH INFORMATION (PHI)

Except as otherwise provided by law, you have the right to:

- Receive a paper copy of this Notice of Privacy Practices; we reserve the right to change the terms of our notice at any time. Upon your request, we will provide you with a revised Notice by mail or on your next visit.
- Receive confidential communications of PHI if a request is submitted to American Wellness in writing;
- Inspect and copy PHI or records about you in a designated record set as long as the PHI is maintained in the record set;
- Designate a personal representative with the delegated authority to consent to, or authorize the use or disclosure of PHI.
- Ask American Wellness to amend PHI or records about you in a designated record set as long as the PHI or record is maintained in the record set (American Wellness is not required to change the information if it deems it to be accurate);
- Receive an accounting of disclosures of PHI. You may request a listing of the disclosures made by American Wellness about you for reasons other than treatment, payment or healthcare operations; and
- Request that American Wellness restrict uses or disclosures of your PHI. Though American Wellness is not required to agree to a restriction, to the extent that it does agree with your request, American Wellness may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment, or is otherwise permitted or required by law.

American Wellness is required by law to maintain the privacy and confidentiality of your protected health information and to provide you with notice of its legal duties and privacy practices with respect to such health information. American Wellness is also required by law to abide by the terms of this *Notice of Privacy Practices* and allow you to review and receive a copy of this Notice. If you believe your privacy rights have been violated, you may submit a written complaint to American Wellness or the U.S. Department of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. American Wellness will not retaliate against you in any way if you choose to file a complaint.

This *Notice of Privacy Practices* is effective as of May 12, 2012. For further information regarding your Protected Health Information, please contact the Privacy Manager of American Wellness & Rehab Clinic at (801) 327-8700.