

# NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

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

This Notice of Privacy Practices describes how REHAB AT WORK (RAW) may use and disclose your protected health information (PHI\*) in order to carry out treatment, payment, and healthcare operations and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

RAW is required to abide by the terms of this Notice. However, we may modify the terms of this Notice at any time, and the new notice will be effective for all PHI in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with any revised notice.

\* PHI is individually identifiable information (including demographic information) relating to your health, to the healthcare provided to you or to payment for healthcare.

## ***USES AND DISCLOSURES OF HEALTH INFORMATION***

RAW uses PHI about you for treatment, payment, and operational purposes. We do not require authorization to use your PHI for these purposes. We may also use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health reasons, for auditing purposes, for research studies, and for emergencies.

### **Treatment**

RAW may use and disclose your PHI to assist your healthcare providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to provide information about alternative treatments.

### **Payment**

RAW may use and disclose your PHI in order to pay for the services and items you may receive. For example, we may contact your physician, case manager, or insurance adjuster to certify that you received treatment (and for what range of benefits), and we may request details regarding your treatment to determine if your benefits will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.

### **Healthcare Operations**

RAW may use and disclose your PHI to perform healthcare operations. For example, we may use your PHI for utilization and cost studies.

In addition to the above-mentioned uses of your PHI related to treatment, payment, and healthcare operations, RAW may also use your PHI for the following purposes without your consent or authorization:

- As required during an investigation by law enforcement agencies;
- To avert a serious threat to public health or safety;
- As required by military command authorities for their medical records;
- To medical or workers' compensation claims processing organizations;
- In response to a legal proceeding;
- To a coroner or medical examiner for identification of a body;

- If an inmate, to the correctional institution or law enforcement official;
- As required by the US Food and Drug Administration (FDA);
- Other healthcare providers' treatment activities;
- Other covered entities' and providers' payment activities;
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA);
- Uses and disclosures required by law;
- Uses and disclosures in domestic violence or neglect situations;
- Health oversight activities;
- Other public health activities

RAW may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### ***USES AND DISCLOSURES OF YOUR PHI REQUIRING YOUR WRITTEN AUTHORIZATION***

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care we have provided you.

### ***YOUR RIGHTS***

#### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations, or to someone who is involved in your care or the payment for your care. RAW is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (unless information is needed to provide you with emergency treatment). All requests for restrictions must be made in writing and you must specify what information you wish us to limit.

#### **Right to Inspect and Copy**

You have the right to inspect and to receive a copy of your records that may be used to make decisions about your care 3 weeks after the completion of your treatment. This typically includes medical and billing information, but does not include psychotherapy notes; information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. All requests to inspect and to receive a copy of your records, which could be used to make decisions regarding your care, must be made in writing. RAW reserves the right to charge a fee for copying, mailing, or supply costs associated with your request. Under limited circumstances, RAW may deny your request to inspect and copy this information. If you are denied access to medical information, you have the right to have that denial decision reviewed. Another licensed health care professional, selected by RAW, will review your request and denial. The reviewer will not be the person who denied your request. RAW will comply with the outcome of the review.

#### **Right to Amend your PHI**

If you are concerned that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by RAW. All requests to amend your PHI must be made to RAW in writing along with a justification supporting your request.

RAW reserves the right to deny your request for an amendment if the request is not in writing or does not include justification to support the request. Additionally, we may deny your request if you ask us to amend information that was not created by RAW, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by RAW; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

#### **Right to an Accounting of Disclosures**

You have the right to request a listing of disclosures we have made, if any, of your PHI. Your request for this information must be made to RAW in writing. The request must state the time period for which you are seeking a disclosure listing, but cannot be longer than six (6) years and cannot include any dates prior to April 14, 2003. Your request must include in what format (paper or electronically) you would like the listing. RAW has the right to charge you for the costs of providing this list; however, we will notify you of the costs prior to producing the list and you have the right to modify or withdraw your request prior to incurring any costs.

#### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice by submitting a written request to RAW. Your right to a paper copy must be granted, even if you have agreed to accept an electronic copy.

#### **Right to Request Confidential Communications**

You have the right to request how and to where RAW will communicate with you regarding your health and related issues. To request confidential communications, you must submit your request in writing to RAW. We will make every attempt to accommodate reasonable requests. Your request should indicate how and/or to where you would like to be contacted. RAW reserves the right to deny a request if it imposes an unreasonable burden.

#### **Questions?**

*If you have any questions about this notice, you may submit a written request to RAW's Privacy Officer at the following address:*

REHAB AT WORK  
51 Monroe Street  
Suite 1207  
Rockville, Maryland 20850

#### **Complaints**

*If you believe your privacy rights have been violated, you may file a written complaint with RAW's Privacy Officer or with the Secretary of the Department of Health and Human Services. No person shall be penalized or discriminated against for filing a complaint.*