

# HIPAA 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.**

This Notice of Privacy Practices describes how Reliant Pro Rehab, LLC may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights with respect to your PHI. "Protected Health Information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition or the past, present, or future payment for the provision of health care to you.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. A new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with our current Notice of Privacy Practices. Copies of this Notice can be requested by calling our toll-free phone number at 877-889-5188 and providing your full name and mailing address, or by accessing our website <https://www.reliant-rehab.com>.

## Uses and Disclosures

### **Uses and Disclosures of Protected Health Information for Which Your Authorization Is Not Required.**

#### Treatment:

We will use and disclose your PHI to provide, coordinate and manage your therapy and any related services. This may include the coordination of your health care with a third party. For example, we may disclose your PHI to a home health agency that provides care to you.

#### Payment:

Your PHI will be used as needed for us to receive payment for services provided.

#### Operations:

We may use or disclose your PHI as needed, to support the business activities of our therapy services. These activities include but are not limited to quality assessments, therapy staff reviews, training of medical students, licensing and conducting or arranging for other business. Additionally, we may use or disclose your PHI, as necessary, and/or contact you to remind you of your appointment.

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**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object.** We may disclose your PHI in the following situations without your consent or authorization:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling disease, injury, or disability.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel: (i) for activities deemed necessary by appropriate military command authorities; (ii) for the purpose of a determination by the Department of Veterans Affairs; or (iii) to foreign military authority if you are a member of the foreign military services.

Workers' Compensation: We may use or disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

## **Uses and Disclosures of PHI for which Your Written Authorization Is Required.**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such an authorization, at any time, in writing, except to the extent that Reliant Rehabilitation has already taken an action in reliance on the use or disclosure indicated in the authorization.

The following uses and disclosures will be made only with your written authorization:

- (i) most uses and disclosures of therapy documentation;
- (ii) uses and disclosures of PHI for certain marketing purposes, including subsidized treatment communications;

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- (iii) disclosures that constitute a sale of PHI; and
- (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **Permitted and Required Uses and Disclosures that may be made with your opportunity to object.**

We may use and disclose your PHI in the following circumstances. You can object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then our therapists may use professional judgement to determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in your Health care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgement. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose to a public or private entity your PHI to assist in disaster relief efforts.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after treatment. If a health care provider is required to treat you and the healthcare provider has attempted to obtain your consent, he or she may still use or disclose your PHI to treat you.

## **Your Rights**

The following are statements of your rights with respect to your PHI and a brief description of how you may exercise these rights:

### The right to inspect and copy of your PHI.

This means you may inspect and obtain a copy of your PHI that is contained in a designated record set for so long as we maintain the PHI. A "designated record set" contains, among other information, medical and billing records, and any other records that we use to make decisions about you.

Under federal law, however, you do not have the right to inspect or copy the following records: therapy documentation, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have the right to have this decision reviewed. Please contact our Compliance Department if you have questions about access to your PHI in a designated record set.

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## The right to request a restriction of your PHI.

This means you may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You also have the right to restrict certain disclosures of your PHI to a health plan if you have paid in full out-of-pocket for the health care item or service.

## The right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests.

## You may have the right to have Reliant Rehabilitation amend your Protected Health Information.

This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Compliance Department to determine if you have questions about amending your PHI in a designated record set.

## The right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for certain other purposes.

## The right to obtain a paper copy of this Notice of Privacy Practices from us.

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.

## The right to receive notifications of a data breach.

We are required to notify you upon a breach of any unsecured PHI. PHI is "unsecured" if it is not protected by a technology or methodology specified by the Secretary. The notice must be made within 60 days from when we discover the breach. However, if we have insufficient contact information for you, an alternative notice method (posting on website, broadcast media, etc.) may be used.

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Mobile information will not be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

You agree to receive informational messages about your onboarding process from Reliant Rehabilitation. Message frequency varies. Message and data rates may apply. For help, reply HELP or email us at [compliance@reliant-rehab.com](mailto:compliance@reliant-rehab.com). You can opt out at any time by replying STOP.

## **Complaints**

If you think we may have violated your privacy rights, you may file a complaint with our Compliance Department, our address and phone number are:

Name: Amy Phipps

Email: [compliance@reliant-rehab.com](mailto:compliance@reliant-rehab.com)

Address: Reliant Rehabilitation 5800 Granite Parkway, Suite 325, Plano, TX 75024

Phone: 877-889-5188

You can also file a health information privacy complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

1. Sending a letter to OCR 200 Independence Avenue, S.W., Washington, D.C. 20201
2. Toll-free at 1-800-368-1019; or,
3. Send an email to [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

Reliant Rehabilitation will not retaliate against you if you file a complaint regarding our privacy practices.