

YOUR RIGHTS

When it comes to your health information you have certain rights.

Get an electronic or paper copy of your medical record.	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.
Request confidential communications	You can ask us to contact you in a specific way (for example, home or office) or send mail to different address. We will say "yes" to all reasonable requests.
Ask us to limit what we share	You can ask us NOT to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a health service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	You can ask for a list (accounting) of times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has the authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	You can complain if you feel your rights have been violated by contacting us. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W. Washington, D.C. 20201 calling: 1.877.696.6776 or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/ We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	(1) Share your information with your family, close friends, or others involved in your care (2) Share your information in a disaster relief situation (3)*Include your information in a hospital directory (4)*Contact you for fundraising efforts. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. * We do not create or manage a hospital directory nor do we participate in fundraising*
In these cases we never share your information unless you give us written permission:	(1) Marketing purposes (2) Sale of your information (3)*Most sharing of psychotherapy notes * We do not create nor maintain psychotherapy notes at this practice*

OUR USES AND DISCLOSURES

**How do we typically share your health information?
We typically share your health information the following ways:**

Treat you	We can use your health information and share it with other professionals who are treating you. (Ex: A doctor treating you for the injury we are seeing you for may request your medical progress information.)
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary. (Ex: We can use your health information to manage your treatment and services.)
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities. (Ex: We give information about you to your health insurance plan so it will pay for your services)

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public safety issues	We can share health information about you for certain situations such as: (1) Preventing disease (2) Helping with product recalls (3) Reporting adverse reactions to medications (4) Reporting suspected abuse, neglect, or domestic violence (5) Preventing or reducing a serious threat to anyone's health or safety
Do research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation	We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: (1) For workers comp claims (2) For law enforcement purposes or with a law enforcement official (3) With health oversight agencies for activities authorized by law (4) For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal action	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information. We must follow duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than that as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

ATLAS REHAB & WELLNESS CENTER, LLC

Privacy Officer	Julie Bellucci can be reached at jbellucci@embracepremier.com or at 724-775-8740 ext 304
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