

**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.** If you have any questions about this Notice, please contact the Privacy Officer at 540-374-3164.

**Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Each time you visit our healthcare provider, a record of your visit is made. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices (“Notice”) applies to all of the records of your care generated at Rehabilitation Medicine Physicians/Truong Rehabilitation Center site (collectively the “Facility”), whether made by Facility personnel or your personal doctor. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to (1) maintain the privacy of medical information that identifies you; (2) give you this Notice of our legal duties and privacy practices; and (3) follow the terms of the Notice that is currently in effect.

**To Whom Does This Notice Apply?**

This Notice applies to health information used or disclosed in connection with your treatment at the Facility. Because the Facility are clinically integrated health care settings, in which you will often receive care from more than one health care provider, this Notice applies to all providers who may use or disclose your health information in connection with care within this integrated setting and to all records of that care. All health care providers involved in your care while you are in Facility are permitted to use and disclose your health information for purposes of your treatment, in connection with payment for such services or treatment, and in connection with health care operations connected to any such services provided at Facility. However, as a practical matter, the integrated nature in which health care services are commonly provided in the Facility setting makes it most efficient for a single Notice to apply to all individuals, including health care providers, involved in patient care within that setting. Thus, the use of the pronoun “We” in this Notice refers not only to the Facility, but also to those individuals involved in your care while in the Facility who provide care in these clinically integrated settings and participate in these organized health care arrangements. Individual health care providers who also provide health care services to you outside of this integrated setting will usually have a separate Health Information Practices Notice for the use and disclosure of your health information in that setting, such as an office or clinic.

The following categories describe different ways that we use and disclose medical information. Certain special rules apply to alcohol and drug abuse patient records, and those special standards are set forth under the section entitled “Alcohol and Drug Abuse Patient Records”. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

◆ **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students, or other Facility personnel who are involved in taking care of you at the Facility.

- ◆ **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Facility may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- ◆ **For Health Care Operations.** We may use and disclose medical information about you for Facility operations. These uses and disclosures are necessary to run the Facility and make sure that patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Facility patients to decide what services the Facility should offer and whether certain new treatments are effective. We may also disclose information to doctors, nurses, students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer.
- ◆ **Business Associates.** We are permitted by law to utilize Business Associates to carry out treatment, payment, or health care operations functions that may involve the use and disclosure of some of your health information. For example, we may use a billing service to handle the billing function for our physician practices. We will only use such Business Associates when we believe it to be the most effective means of carrying out permissible treatment, payment or health care operations functions, and in such instances we will have entered into a formal agreement with the Business Associate that requires the Business Associate to maintain the confidentiality of any patient information received in accordance with law and generally requires the Business Associate to limit its use of such information to only the purpose for which it was disclosed by us.
- ◆ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Facility.
- ◆ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ◆ **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Facility as directed by you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

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- ◆ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- ◆ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

#### Special Situations

- ◆ **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ◆ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ◆ **Public Health Risks.** We may disclose medical information about you for public health activities.
- ◆ **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- ◆ **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ◆ **Law Enforcement.** In certain instances we may release medical information if asked to do so by a law enforcement official.
- ◆ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities.
- ◆ **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or conduct special investigations.
- ◆ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you:

- ◆ **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- ◆ **Right to Request an Amendment.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for certain specific reasons, and, if denied, we will provide you with information regarding further rights you would have at that point.
- ◆ **Right to an Accounting of Disclosures.** You have the right to an "accounting of disclosures" at your request. This is a list of disclosures we made of medical information about you for purposes other than treatment, payment, or health care operations or those authorized by you.
- ◆ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of medical information about you. **We are not required to agree to your request** other than a request that we not disclose information to a health plan for payment or health care operations where the request relates only to a health care item or service for which we have been paid in full by someone other than the health plan.
- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- ◆ **Right to Notification of Breach.** You have the right to be notified of any breach of your unsecured PHI.
- ◆ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us for a copy of this Notice at any time.

*In order to request to inspect or copy medical records, please contact the Health Information Management or medical records area at the Facility. To exercise any of the other rights described above, please contact the Privacy Officer and obtain the required forms. You will be required to submit your request in writing. You may contact the Privacy Officer by telephone at 540-374-3164 or by mail at 10340 Spotsylvania Ave, Suite 101, Fredericksburg, VA 22408.*

#### Alcohol and Drug Abuse Patient Records

In addition to the protections described above, the confidentiality of alcohol and drug abuse patient records maintained by certain treatment programs are protected by other Federal laws and regulations.

#### Other Uses of Medical Information

Other uses or disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

#### Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be posted in the Facility and will contain the effective date. You can always obtain a copy of our most current Notice on our website at [www.truongrehab.com](http://www.truongrehab.com).

#### Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facility, please contact the Privacy Officer at 10340 Spotsylvania Ave, Suite 101, Fredericksburg, VA 22408. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**