



Health Information Privacy Notice

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information Please read it carefully.

1. About Protected Health Information – “PHI”

In this notice, “We”, “Our” or “Us” means Blue Ridge Rehabilitation Associates and our workforce of therapists and administrative staff. “You” and “Yours” refers to each of our patients who are entitled to this notice.

We are required by law to protect the privacy of your health information. For example, Federal Health Information privacy regulations require us to protect health information about you in the manner that we describe here. Certain types of health information may specifically identify you. Because we must protect this information, we call this “Protected Health Information or “PHI”. In this notice, we will tell you about:

- ❖ How we use your PHI
- ❖ When we may disclose your PHI to others
- ❖ Your privacy rights and how to use them
- ❖ Our privacy duties
- ❖ Who to contact about more information or a complaint

2. Some Ways We May Use or Disclose Your Protected Health Information.

We will use your PHI to treat you. We will use your PHI and disclose it to get paid for your care. We are allowed to use or disclose your PHI for certain activities that we call “Health Care Operations”. Health care operations involve a lot of the administrative, educational and quality assurance activities in our facility. We will give you an example of each of these to help explain them, but space does not permit a complete list of all of our disclosures. That is the reason you can contact us and ask us questions.

Treatment

We use and disclose your PHI in the course of your treatment. For example, if you receive therapy services in our facility, the therapist may share information with other therapists to help analyze and treat your specific diagnosis. We will also share your PHI with the physician who referred you to us. We may also use or disclose your PHI for many other types of treatment activities.

Payment

After we treat you, we will ask your insurer to pay us. We may type your PHI into our computers and send a claim to your insurer. Here, we may use your PHI to tell your Insurer what type of health problem you have and what we did to treat you. Your insurer may ask us to give them your membership number or your insurer may want to review your medical record to be sure that your care was necessary. When we use and disclose your PHI this way, it helps us to get paid for your care and treatment.

Health Care Operations

We may also use your PHI in health care operations. For example, when your chart is closed, a therapist will review the chart to make sure all necessary information is present and all reports have been completed. Your PHI could also be used for quality assurance assessments. Other operational uses may involve business planning for our facility or the resolution of a complaint.

Special Uses

We also use or disclose your PHI for purposes that involve your relationship to us as a patient. We may use or disclose your PHI to:

- ❖ Remind you that you have an appointment with us.
- ❖ Tell you about your treatment alternatives and options.
- ❖ Tell you about our other health care benefits and services.

Your Authorization May be Required

In many cases summarized here, we may use or disclose your PHI either with your consent or as required or permitted by law. In all other cases, we must ask for, and you must agree to give, a written authorization that has specific instructions and limits on our use or disclosure of your PHI. If you later change your mind, you may revoke your authorization.

3. Certain Uses or Disclosures of Your PHI That are Required or Permitted by Law.

Many laws and regulations apply to us that will affect your PHI. These laws and regulations may either require us or permit us to use or disclose your PHI. From the federal health information privacy regulations, here is a list describing required or permitted uses and disclosures.

- ❖ If you do not verbally object, we may share some of your PHI with a family member or friend who is involved with your care.
- ❖ We may use your PHI in an emergency when you are not able to express yourself.
- ❖ If we receive certain assurances that protect your privacy, we may use or disclose your PHI for research or statistical analysis.

We may also use or disclose your PHI:

- ❖ When required by law. For example, when ordered by a court to turn over certain types of your PHI, we must do so.
- ❖ For public health activities such as reporting a communicable disease or reporting an adverse drug reaction to the Food and Drug Administration.
- ❖ To report neglect, abuse or domestic violence.
- ❖ To the government regulators or its agents to determine whether we comply with applicable rules and regulations.

- ❖ In judicial or administrative proceedings such as in response to a valid subpoena.
- ❖ When properly requested by law enforcement (such as reporting gun shot wounds), or for other legal requirements.
- ❖ If we responsibly believe that to do so will avert a health hazard or respond to a threat to public safety such as an imminent crime against another person.
- ❖ If you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.

4. Your Privacy Rights and How to Exercise Them.

You have specific rights under our federally required privacy program. Each of them is summarized here.

Your right to request limited use or disclosure

You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree, we must abide by the agreement.

Your right to confidential communication

You have the right to receive confidential communications from us at a location that you provide. We require that you make your request in writing, provide us with the other address, and explain to us if the request will interfere with your method of payment for your care.

Your right to revoke your consent or authorization

If you have granted us your consent or authorization to use or disclose your PHI, you may revoke the consent or authorization in writing. However, if we have relied on your consent or authorization, we may use your PHI to that extent.

Your right to inspect and copy

You have the right to inspect and copy your PHI. We may refuse to give you access to your PHI if we think it may cause you harm but we will have to explain why and give you someone to contact about our decision who will know how and when to get a review of our refusal.

Your right to amend your PHI

If you disagree with what your PHI in our records says about you, you have the right to request in writing that we amend your PHI when it is a record that we create or have maintained for us. We are not required to respond to your request if the records you are asking about are not our records. We may refuse to make your requested amendment. Then, you will have the right to submit a written statement about why you disagree. If we still disagree, we may prepare a counter statement. Your statement and our counter statement must be made part of your record about you.

Your right to know who else sees your PHI

You have the right to request an accounting of certain disclosures that we have made of your PHI over the past six (6) years. You cannot ask for

disclosure before April 14, 2003. We do not have to account for all disclosures, including those involving treatment, payment and health care operations as described above. There is no charge for an annual accounting but there may be for additional accountings. We will tell you if there is a charge for your accounting and you will have the right to withdraw your request, or pay to proceed.

Your right to complain

If you believe that your privacy rights have been violated, you have the right to make a complaint to us, or to the Secretary of Health and Human Services. We will not retaliate against you if you file a complaint about us. To file a complaint, you should submit it in writing to the contact person identified in this notice (see below). Your complaint should provide a reasonable amount of specific detail to enable us to investigate a potential problem.

5. Some of Our Privacy Obligations and How we Perform Them

We are required to comply with the federal health information privacy regulations. Those rules require us to protect your PHI. Those rules also require us to give you notice of our privacy practices. This document is our notice. If you did not get a paper copy of this notice, you may ask for one. We will abide by the privacy practices set forth in this notice. However, we reserve the right to change this notice and our privacy practices when permitted or required by law.

If we change our notice of privacy practices, we will provide our revised notice to you when you seek your next treatment from us. You may also obtain our most recent notice on our website at www.blueridgerehab.com.

6. Contact Information

If you have questions about this notice, or if you have a complaint, please contact:

Name: Patricia Ventura
Title: Privacy Officer
Address: 3008-B Berkmar Drive
Charlottesville, VA 22901
Phone: 434-973-5031

7. Effective Date

This notice takes effect on April 14, 2003.
This notice was updated on March 24, 2011.

