

# Notice of Privacy Practices

This Notice tells you how Alpha Rehabilitation, P.C. uses and discloses the health information that you have given us or that we have learned from you when you were a patient in our system. It also tells you about our responsibility to you and how we can and cannot use your health information.

## How we may Use and Disclose Your Protected Health Information

**For Treatment:** Information obtained by members of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also share this information to facilitate referrals or transmit critical information to other treating physicians or specialists, radiology, or related facilities that provide care or perform diagnostic tests. We may also share this information with agencies that provide services to you.

**For Payment:** Information may be used and disclosed to obtain payment for services provided to you.

**For Health Care Operations:** This information may be used in connection with training of our health care providers and staff. We may use your medical records to assess quality and improve services. We may contact you to remind you about appointments, obtain payment, provide test results, or give you information about treatment alternatives or other health-related benefits and services.

## Uses and Disclosures of Personal Information that Do Not Require Patient Consent

- Appointment Reminders
- Research
- Funeral Directors/Coroners
- Legal Matters
- Food and Drug Administration
- Workers' Compensation / Work Related Conditions
- Public Health and Safety
- Correctional Institutions
- For Law Enforcement Purposes
- Public Authorities (Child abuse, domestic violence, or neglect, may require that public health entities be notified)

## Patients Rights Regarding Your Protected Health Information

**Right to Request Additional Restrictions:** You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment, or health care operations or within family, friends, or others you identify. If we do agree to the request, we will do so except in a medical emergency or as required or authorized by law. We do have the authority to deny the request.

**Right to Receive Confidential Communications:** You have the right to request that we communicate with you about your medical information in confidence. Your request must be in writing.

**Right to Inspect and Copy Your Health Information:** You have the right to inspect and get a copy of the health information that we use to make decisions about your care. For the portion of your health record maintained in our electronic health record, you may request we provide that information to or for you in an electronic format. If you make such a request, we are required to provide that information for you electronically (unless we deny your request for other reasons). We may deny your request to inspect and/or copy in certain limited circumstances, and if we do this, you may ask that the denial be reviewed.

**Right to Amend Your Records:** You have the right to request that we amend your information. Your request must be in written form and explain why the information should be amended. Alpha Rehabilitation, P.C. may deny your request for specified reasons.

**Right to Accounting:** Upon request, you may obtain an accounting of certain disclosures of your health information made during any period of time prior to the date of your request provided such period does not exceed six years

**Right to Receive Paper Copy of this Notice:** You may ask us to give you a copy of this Notice at any time

## Authorization for Other Uses and Disclosures:

We will not use or disclose your health information for any purpose unless you give us your specific written authorization to do so. If you give us authorization, you can withdraw this written Authorization at any time. To remove your authorization, deliver or fax a written revocation to Alpha Rehabilitation, P.C.; Records Department / Privacy Office; 920 East 56<sup>th</sup> Street Suite A; Kearney, NE 68847; fax: (308) 233-5060. If you revoke your Authorization, we will no longer use or disclose your health information as allowed by your written Authorization, except to the extent that we have already relied on your Authorization.

### Complaints / Concerns

If you desire more in depth information regarding your privacy rights **OR**

If you are concerned that your privacy rights have been violated or disagree with a decision made about access to your personal health information

#### You may contact:

Alpha Rehabilitation, P.C. **OR**  
The Director, Office for Civil Rights of the U.S. Department of Health and Human Services.

**Alpha Rehabilitation, P.C. professionals and affiliates will not retaliate against you if you file a complaint**

All **written** requests must:

- Be signed and dated
- Identify the time period
- Identify the Alpha Rehabilitation, P.C. location that maintains the records about which you want the accounting.
- Indicate preference of paper or electronic
- Be within 6 years of last appointment

You must submit your written request to:

Alpha Rehabilitation, P.C.  
Records Department / Privacy Office  
920 East 56<sup>th</sup> Street Suite A  
Kearney, NE 68847

*Alpha Rehabilitation, P.C. may change this Notice at any time. Any change in the Notice could apply to information we already have about you, as well as any*