



HIPAA NOTICE OF PRIVACY PRACTICES

We understand that health information about you is personal. We are committed to protecting health information about you. We are required by federal law to provide you with a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and Disclosures of Your Health Information

We are permitted to use and disclose your health information under a variety of circumstances. Some of the reasons that we may use or disclose your information include:

- For Treatment: We may use and disclose health information about you to provide you with medical treatment or services. For example, if we are treating you for a broken leg, we may need to know from your physician if you have diabetes because diabetes may slow the healing process.
- For Payment: We can use and disclose your health information to bill and get payment from you, your health insurers or other entities. For example, we may need to give your health plan information about your visit so that they will pay us or reimburse you.
- For Health Care Operations: We may use and disclose your health information for health care operations. For example, we may need to use your information when scheduling appointments and other pre-treatment activities.
- Use or Disclosure Required By Law. We may use or disclose your health information to the extent such use or disclosure is required by law.
- Health Agency Oversight Activities. We may disclose your health information to governmental, licensing, auditing and accrediting agencies for health oversight activities.
- Law Enforcement. We may disclose your health information for law enforcement purposes.
- To Avert a Serious Threat to Health or Safety. We may use or disclose your health information when necessary to prevent a serious threat to health or safety of a person.
- Public Health Risks: We may disclose health information about you for public health activities.
- Workers' Compensation. We may disclose your health information to covered entities that are government programs providing public benefits and for workers' compensation.
- To Respond to Lawsuits and Legal Actions: We may disclose your health information in response to a court or administrative order, or in response to a subpoena.
- Business Associates: We may disclose your health information with third-party vendors that provide services on our behalf, which are referred to as "Business Associates."
- Individuals Involved in Your Care or Payment for Your Care: We may use or disclose health care information to a family member, friend, or any other person identified by you when you are present and you, based on your participation, do not object to the sharing of health care information.
- Marketing and Sale of Health Information: We must obtain your written authorization prior to most uses of your health information for any marketing purposes or disclosures that constitute a sale of your health information.

Other Uses of Your Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. You may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights

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

- Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health information.

We may charge a reasonable, cost-based fee. We may require you to submit your request in writing.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and health care operations, as those functions are described above. We will provide you one accounting of disclosures each year free of charge but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. We may require you to submit your request in writing.
- **Right to Amend:** If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our organization. We may require that you submit a request in writing and provide a reason to support the requested amendment.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We may require you to submit such a request in writing. Because any restrictions of your information may hinder the quality of care provided by our facility, according to the law, we reserve the right to deny such request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate your health information with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- **Right to be Notified of a Breach.** You have the right to be notified if there is any impermissible use or disclosure of your health information that compromises the privacy or security of your health information.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Changes to this Notice.

We reserve the right to change this Notice and the revised or changed Notice will be effective for health information we already have about you as well as any information we receive in the future. The current Notice will be posted in our facility and will include the effective date.

Complaints

If you believe that we may have violated your privacy rights, or you disagree with a decision about your health information, you may file a complaint with us by contacting the Privacy Officer at the address listed below or with the Secretary of the Department of Health and Human Services.

For further information, please contact our Privacy Officer, Elizabeth Billeter, at:

Sovereign Rehabilitation
Medical Quarters Building
5555 Peachtree Dunwoody Rd., Suite 225
Atlanta, GA 30342
404-835-3340 (phone)

PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Sovereign's Notice of Privacy Practices. The Notice of Privacy Practices provides information about how Sovereign may use and disclose your health information. I understand that the Notice is subject to change.

Name of Individual (Printed)

Signature of Individual

Signature of Personal Representative

Relationship (e.g., Attorney-In-Fact, Guardian, Parent if a
a minor)

Date Signed ____/____/____