

SWAN Rehab, LLC

1190 E. Missouri Ave., Suite 100 Phoenix, AZ 85014 (602) 393-0520 (602) 393-0523 (fax)

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

In this document, “we” refers to Wing Neurological Rehabilitation, LLC. “You” or “yours” refers to individual patients. We are required by federal law to protect the privacy of your individual health information (referred to in this notice as “Protected Health Information” or PHI). We are also required to provide you with this notice regarding our legal duties and privacy practices with respect to your PHI, and to abide by the terms of this notice.

We maintain medical information about you in the course of providing health care services to you. We also hire business associates, such as a billing service and a transportation service, and bill third party payers, such as Medicare, in the process of providing and billing these services. These business associates also receive and maintain medical information about you.

Purposes for which we may use or disclose medical information about you without your consent or authorization.

We may use and disclose medical information about you for the following purposes:

- **Health Care Providers’ Treatment Purposes.** For example, to communicate with your doctor we may disclose medical information about you.
- **Payment.** For example, we may use or disclose medical information about you to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.
- **Health Care Operations.** For example, we may use or disclose medical information about you for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of contracts.
- **Health Services.** For example, we may use medical information about you to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **As Required By Law.** For example, we must allow the U.S. Department of Health and Human Services to audit our records. We may also disclose medical information about you as authorized by and to the extent necessary to comply with worker’s compensation or other similar laws.
- **To Business Associates.** We may disclose medical information about you to business associates we hire to assist us in your care. Each business associate must agree in writing to ensure the continuing confidentiality and security of medical information about you.

We may also use and disclose medical information about you as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To your personal representatives appointed by you or designated by the applicable law.
- For research purposes, as long as certain privacy-related standards are satisfied.
- To a governmental agency authorized to oversee the health care system or government programs.
- We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, PHI that is directly relevant to the person’s involvement with your care or payment related to your care.

Authorizations: Uses and Disclosures with Your Permission

We will not use or disclose medical information about you for any other purposes unless you give us your written authorization to do so. If you give us written authorization to use or disclose medical information about you for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all medical information about you that we maintain, except for information we have already released based on your authorization.

Your Rights

You may make a written request to us to do one or more of the following concerning medical information about you:

- To put additional restrictions on our disclosure of medical information about you we do not have to agree to your request.
- To communicate with you in confidence about medical information about you by a different means or at a different location than we are currently doing you must do by a request in writing and must specify the alternative means or location.
- To see and get copies of medical information about you, we do not have to agree to you request.
- To amend medical information about you, in some cases we do not have to agree to your request.

Complaints

If you believe your privacy rights have been violated, you may complain to us in writing. Or the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Conclusion

PHI use and disclosure by us is regulated by a federal law known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize the Privacy Standards. The Privacy Standards will supersede any discrepancy between the information in the Notice and the Privacy Standards.

If you have any questions regarding this notice or our health information privacy policies, please contact the Office of SWAN Rehab at 602-393-0520 and speak to the office manager or billing department.

I hereby acknowledge that I have been provided and have reviewed **SWAN Rehab’s Notice of Privacy Practice**.

Signature: _____ **Date:** _____

Please print name: _____