

VALLEY REHABILITATION

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Effective Date: January 3, 2005

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal physical therapist or others working in this office.

We are required by law to:

- * make sure that health information that identifies you is kept private;
- * give you this notice of our legal duties and privacy practices with respect to health information about you and,
- * follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- * To allow oversight of the quality of the healthcare we provide,
- * to allow workers compensation claims,
- * as required by subpoena in lawsuits and disputes,
- * various uses as required by law or to avert a serious threat to health or safety.

YOUR RIGHTS REGARDING HEALTH INFORMATION THAT WE OBTAIN ABOUT YOU:

Right to inspect and copy; right to amend; right to an accounting of disclosures; right to request restrictions, right to request confidential communications, right to a paper copy of this notice.

Information on how to exercise these rights can be seen in the complete NPP, available upon request and posted in our facility, or can be obtained from Susan Andrews, (570) 547-0480.

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 health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility.

COMPLAINTS:

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION:

If you provide us permission to use or disclose health information about you, you may revoke that 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.