

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Understanding your Key Rehab Associates health record information

Every time you visit Key Rehab Associates we make a record of your visit. This usually contains your health history, current symptoms, examinations, test results, diagnosis, treatment and a plan for future care or treatment. This information will be referred to as your medical record and it serves many purposes, such as:

- The basis for planning your care and treatment.
- A means of communication among the many health professionals that contribute to your care.
- A legal document describing the care you received.
- The means by which you or a third-party payer can verify that you actually received the services billed for.
- A tool in rehabilitation education. The staff at Key Rehab Associates often has students from various schools and professions here with them.
- A source of information for public health officials whose job it is to improve the health of the regions they serve.
- A tool to assess the appropriateness and quality of the care you received.
- A tool to improve the quality of healthcare and achieve better patient outcomes.
- And your record is often used as a source of statistical information to provide our facility and employees with the information they need to improve patient care.

Understanding your medical record and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why and how others may access your health information.
- Make informed decisions about authorizing the disclosure of your health information to others.
- Better understand the health information rights detailed in the next section.

Your Rights Under the Federal Privacy Standard

Although your medical records are the physical property of Key Rehab Associates, you have certain rights with regard to the information contained within the record. You have the right to:

- Request restriction on used and disclosures of your health information for treatment, payment and health care operations. Health care operations consist of those activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to users or disclosures permitted or required under state and/or federal law, such as mandatory communicable disease reporting, mandatory child abuse

reporting, etc. in those cases you do not have a right to request restriction. Even in those cases in which you do have the right to request restriction, we do not have to agree to the restriction. If we do however, we will adhere to it unless you request otherwise or we give you advance notice.

Examples of how we use your medical information:

1. Treatment: Members of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. We will also provide your physician, other healthcare professionals, or a subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

2. Payment: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received and supplies used.

3. Health Operations: Key Rehab Associates may use information in your health record to assess the care and outcomes in your case and other patients and the competence of the caregivers.

4. Business Associates: We provide some services through contracts with business associates. Some examples of this are transcription services and billing services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

5. Communication with family: Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

6. Research: We may disclose information to researchers when their research has been approved by the Key Rehab Associates governing board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

7. Marketing/Continuity of Care: We may contact you to provide appointment reminders or information about treatment alternatives other health-related benefits and services that may be of interest to you.

8. Fund-raising: We may contact you as a part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising information.

9. Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

10. Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

11. Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with prevention or controlling disease, injury or disability.

12. Law Enforcement: We may disclose health information purposed as required by law or in response to a valid subpoena.

13. Health oversight agencies and public health authorities: if a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and /or public health authorities, such as the department of health.

14. The federal Department of Health and Human Services (DHHS): Under the privacy policies, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

- Confidential communication of your private health information: You may ask us to communicate with you by alternate means and if the method of communications is reasonable, we must grant to the alternate communication request.
- Receive and keep a copy of this notice of information practice. The law requires us to ask you to acknowledge receipt of your copy of our good-faith effort to give you a copy.
- Inspect and copy your health information upon request. Again this right is not an absolute. In certain situations, such as if access would cause harm, we can deny access. Such as psychotherapy notes, information for civil, criminal or administrative actions and information that was obtained from someone other than a healthcare provider under a promise of confidentiality.

There are other situation in which we may deny you access but if we do, we must provide you with a review of the decision denying access. These may include when it is determined that the access will likely endanger the individual or another person, when the information references another person and that access is likely to cause harm to such other person; and when the request is made by the individual's personal representative and it is determined that access is likely to cause harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your right are, including how to seek a review. If we grant you access, we will tell you what if anything, you have to do to get the access. We reserve the right to charge a reasonable, cost-based charge for making copies.

You have the right to request an amendment or correction to your health information. However we do not have to grant the request if we did not create the record or if the record is accurate and complete.

If we deny your request of amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut) and how you can complain to our claims official or the Department of Health and Human Services.

Our responsibilities under the federal privacy standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as describe in this notice or otherwise required by law. If you have questions and/or would like to additional information, you may contact the administrator of Key Rehab Associates at 445-0005.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY INDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL PROVIDE A REVISED NOTICE TO YOU.

KEY REHAB ASSOCIATES, INC.

PATIENT BILL OF RIGHTS

Key Rehab Associates, Inc. presents these rights to all patients in an effort to promote and protect the dignity and individuality of those we serve.

As a patient, you have the right to:

Receive a copy of these rights at the start of service.

Considerate and respectful care that is provided equally to all regardless of age, color, creed, ethical, or political beliefs, mental or physical handicap, nationality, payer source, race, religion or sex.

Participate in the planning of and be advised of a treatment plan designed to best meet their individual needs including; when, what and how services will be performed.

Know the names, job descriptions, and to be introduced to facility personnel involved in providing your care and know how to reach administration when needed.

Expect that personnel administering your care are educationally qualified, experienced and maintain the current knowledge and skill to provide your services outlined in your personal plan of care.

Expect appropriate care instruction from Key Rehab Associates, Inc. personnel to better understand your health care needs and you plan of treatment.

Request identification of Key Rehab Associates personnel.

Have periodic reviews and updates to your plan of care.

Expect confidential treatment of your client file and to refuse the release of case information except as authorized by your prior written consent, as required by law and/or third party payment contracts.

Refuse prescribed treatment providing that an explanation of possible consequences resulting from refusal is provided and understood by you.

Terminate Key Rehab Associates service providing you are given and understand and explanation of possible consequences resulting from voluntary termination.

Expect detailed invoices identifying when and by whom services were provided, and applicable charges.

Be informed of the procedures for submitting patient grievances and for filing them with the state of parish regulatory agency or third party payer free of restraint, interference, coercion, discrimination, or reprisal.

Recommend changes in policies and services to Key Rehab Associates personnel or other representative of the client's choice, free from restraint, interference, coercion, discrimination, reprisal.

Expect referral to alternative community services to meet other service and/or financial needs.

Have access your clinical record as per the Release of Information Policy.

Be notified of the steps the personnel of Key Rehab Associates, Inc. take to insure your health information and privacy is protected by receiving a copy of the Privacy Notice.

Refuse to participate in experimental or non-traditional care.

An explanation by facility staff and/or statement in writing of the Patient Grievance Procedure at the time service is instituted. Further, that client will not be subject to discrimination or reprisal as a result of filing a complaint.

Procedure for filing a complaint or grievance with the Commissioner of the State Department of Health and Hospitals given upon request.