



NOTICE OF PRIVACY PRACTICES

Roanoke Rehabilitation & Wellness Inc. ♦ 2149 Electric Road, Suite 10 ♦ Roanoke, VA 24018
(540) 774-9000 Fax: (540) 774-6666

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

This notice takes effect on June 1, 2013 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your protected health information (PHI) is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

The Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable Virginia State Law Requires Us To:

1. Keep your PHI private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your PHI.
3. Follow the terms of the current notice.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all PHI that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not use or disclose your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the top of this notice.

FOR TREATMENT: We may use PHI about you to provide you with medical treatment or services. We may also share PHI about you to your other health care providers to assist them in treating you. We utilize an open treatment facility. It is possible that while under our care an unauthorized individual may have access to your PHI via overheard verbal communications. We will do everything possible to protect your rights, privacy and confidentiality. During your care you are asked to sign in at each visit, subsequent patients may have the opportunity to read the names of those signed in before them.

FOR PAYMENT: We may use and disclose your PHI to obtain payment for services that we provide to you. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your PHI.

FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI in connection with our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certification, licensing and credentialing we need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your PHI for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

NOTIFICATION: We may use and disclose PHI to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In the event of an emergency or incapacity, we will disclose only the health information that is directly relevant to your health care, according to our professional judgment.

DISASTER RELIEF: We may share relevant PHI with a public or private organization or person who can legally assist in disaster relief efforts.

RESEARCH IN LIMITED CIRCUMSTANCES: We may use PHI for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of PHI.

SPECIALIZED GOVERNMENT FUNCTIONS: Subject to certain requirements, we may disclose or use health information, as required by law, for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

COURT ORDERS AND JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose PHI if asked to do so by a law enforcement official under the following circumstances:

- Regarding a crime victim when authorized by law
- Concerning a death we believe has resulted from criminal conduct when authorized or required by law
- Regarding criminal conduct or death at our offices, and crimes in emergencies
- In response to a warrant, summons, court order, or similar process
- Of an inmate or other person in lawful custody with a law enforcement official or correctional institution required by law

•Reporting required by law, such as reporting of certain types of wounds, pursuant to certain subpoenas or court orders

PUBLIC HEALTH ACTIVITIES: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your PHI to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

ABUSE OR NEGLECT: We may use and disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim or other crimes. We may share your PHI if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share PHI when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

WORKERS COMPENSATION: We may disclose PHI when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

HEALTH OVERSIGHT ACTIVITIES: We may disclose PHI to an agency providing health oversight, for oversight activities authorized by laws, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

ALTERNATIVE AND ADDITIONAL MEDICAL SERVICES: We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

APPOINTMENT REMINDERS: We may use and disclose PHI for purposes of sending you appointment postcards, letters, emails, texts or voice messages reminding you of your appointments.

3. YOUR INDIVIDUAL RIGHTS

YOU HAVE A RIGHT TO:

1. Review or receive of certain parts of your health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge you \$0.50 per page up to 50 pages, and \$ 0.25 per page for each additional page over 50 and a \$10 retrieval fee plus postage if you want the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure. Per Virginia SEC code §8.01-413 Chapter 14
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in case of an emergency).
4. Request that we communicate with you about your PHI by different means or to different locations. Your request that we communicate your PHI to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change certain parts of your PHI. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of your rights in Section 4 of this notice by writing to the following address:

Attn: Office Manager
Roanoke Rehabilitation and Wellness, Inc.
2149 Electric Road, S.W., Suite 10
Roanoke, VA 24018

The following is the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint:

Office for Civil Rights, Region III
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111