



PRIVACY NOTICE TO PATIENT

EFFECTIVE DATE OF NOTICE: May 16, 2005

Revised January 12, 2015

This notice describes how your medical information may be used and disclosed and how you can get access to that information. Please review it carefully.

POLICY STATEMENT

Coastal Rehab, LLC, ("CR") is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from us and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, our health care operations, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

CARE – In order to provide care to you, we will provide your PHI to those health care professionals, whether on our staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment (e.g., your physician). For example, your physician may need to know how your condition is responding to the treatment provided by our therapists.

PAYMENT – In order to get paid for some or all of the health care that we provide, we may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, we may need to provide your health insurance carrier with information about health care services that you received from us so that we can be properly reimbursed.

HEALTHCARE OPERATIONS – In order to operate in accordance with applicable law and insurance requirements and in order for us to provide quality and efficient care, it may be necessary for us to compile, use and/or disclose your PHI.

AUTHORIZATION NOT REQUIRED

We may use and/or disclose your PHI, without a written authorization from you, in the following instances: De-identified Information. Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you. Required by Law. If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law. Other instances: business associates we contract with for your treatment, your personal representative, public health, the FDA, abuse, neglect or violence, judicial & administrative proceedings, law enforcement, to avert a serious threat to health or safety and workers' compensation.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, which you may revoke at any time.

APPOINTMENT REMINDER

We may contact you to provide appointment reminders. The reminder may be in the form of a letter, a postcard, or a phone call. If you are not available, we will leave a message for you.

YOUR RIGHTS

You have the following rights regarding your health information. All requests must be received in writing and submitted to the Privacy Officer.

- The right to revoke or request restrictions on certain uses and/or disclosures of your PHI as provided by law. However, we are not obligated to agree to any requested restrictions.
- The right to receive confidential communications of PHI by alternative means or at alternative locations.
- The right to inspect and copy your PHI as provided by law.
- The right to amend your PHI as provided by law.
- The right to receive an accounting of disclosures of your PHI as provided by law.
- The right to receive a paper copy of this notice.

You also have the right to complain to CR, or to the Secretary of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S. W., Room 509F HHH Building, Washington, D.C. 20201. Or you may contact a regional office of the Office of Civil Rights, which can be found at www.hhs.gov/ocr/office/. To file a complaint with CR, you must contact our Privacy Officer. All complaints must be in writing.

To obtain more information on, or have your questions about your rights answered; you may contact our Privacy Officer, Nathalie Descheneaux, at (207) 767-9773 or via email at nd@coastalrehab.me

PRACTICE'S REQUIREMENTS

CR is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Practice's legal duties and privacy practices with respect to your PHI. CR is required to abide by the terms of this Privacy Notice, reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains. CR will not retaliate against you for making a complaint and must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice. We will post this Privacy Notice on our web site.

I acknowledge that I have received and read the Notice of Privacy Practices for Coastal Rehab.

Patient's Name (printed)

Patient or Representative's Signature

Date