

SHELTERING ARMS PHYSICAL REHABILITATION CENTERS - NOTICE OF PRIVACY PRACTICES – effective April 14, 2003

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.

Purpose

We understand that medical information about you and your health is personal, and we are committed to protecting that information. We create a record of the care and services you receive in order to provide you with quality care and to meet legal requirements.

This Notice of Privacy Practices is a joint notice and applies to both Sheltering Arms and the other healthcare providers treating you here (who are not employees of Sheltering Arms.) An Organized Health Care Arrangement has been formed so we can all share information as necessary to carry out treatment, payment and health care operations while working cooperatively to protect your privacy.

The health care providers treating you at Sheltering Arms will have their own policies and procedures, and their own Notice of Privacy Practices in their offices which are not part of Sheltering Arms. However, while caring for you at Sheltering Arms, we will all follow the terms of this Notice of Privacy Practices.

Uses and Disclosures of Your Health/Billing Record Information for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will review the document and will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from our facility.

We will use your health information for payment.

For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health care operations as part of our daily business.

For example: Members of the medical staff, or members of a performance improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may also use your information to help another health care provider that is treating you for its business operations.

Other Uses or Disclosures

Sheltering Arms Physical Rehabilitation Centers will use/disclose or be required to use/disclose your information without obtaining prior authorization from you for the following purposes:

As Required under HIPAA: Under HIPAA, we must make disclosures to you upon your request. We must also make disclosures to the Secretary of Health and Human Services during a compliance investigation.

Business Associates: There are some services provided in our organization through contacts with third parties we hire to assist us. Examples include transcriptionists and medical record copying companies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Health Information Exchange: We may participate in health information exchanges for the purpose of securely

exchanging your health information for your treatment, payment, or health care operations or other purposes permitted or required under HIPAA. Your information may be disclosed to health care providers, pharmacies, or insurance companies in this exchange, and information about you may be received by use through the exchange.

Directory: Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: 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.

Research: We may disclose information to researchers when their research has been approved as required by the federal regulations.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Appointment Reminders: We may use or disclose your information to remind you of your appointment. We may also use or disclose your information to remind you to schedule an appointment.

Treatment Alternatives: We may use or disclose your information to tell you about other treatments or services that could help you.

Customer Service: We may utilize your information to contact you to solicit customer satisfaction information to assist in organizational performance improvement initiatives and the delivery of quality health care.

Fundraising: We may contact you as part of a fundraising effort. You have the right to stop receiving fundraising communications at any time by notifying us that you no longer wish to receive fundraising communications.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, including audits, inspections, and licensure.

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

To Your Employer: If your employer hires us to do health studies of the workplace or to review work related injuries, we may disclose your information about a work related injury or illness to your employer.

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.

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

Abuse or Neglect: We may disclose your information to a public health agency that is able to process reports of child or adult abuse or neglect. We may disclose your information if we believe that you have been a victim of

abuse, neglect, or domestic violence as required or permitted by Virginia and/or federal law.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

As Required by Law: We may use or disclose your information, as the law requires pursuant to a court order or other legal process. The use or disclosure will follow all related laws.

Military Activity and National Security: We may use or disclose information on Armed Forces personnel for activities deemed necessary by appropriate military authorities. We may disclose information to determine your eligibility for Veterans benefits. We may also disclose your information to authorized federal officials who are conducting national security and intelligence activities.

To Avert a Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you, the public, or another person. We will only disclose health information to an individual reasonably able to help lessen or prevent the threat, such as law enforcement.

Other disclosures and/or uses of your health information that are not listed on this notice require us to obtain your written authorization. These disclosures and/or uses include, but are not limited to, the following:

Marketing Communications: The use or disclosure of any marketing communications requires us to obtain your authorization, except for face-to-face communications or communications involving promotional gifts of nominal value.

Sale of Health Information: We will not provide your health information in exchange for remuneration without your authorization.

Your Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures for treatment, payment, health care operations, or to your family and friends. We do not have to agree to your request and will say no if we believe it compromises our ability to deliver the highest quality of care to you, except we are required to accept your request for restriction for disclosures to health plans for payment and health care operations where you or another on your behalf paid for the service or product out-of-pocket and in-full.
- Request communications of your health information by alternative means or at alternative locations. This request must be in writing and Sheltering Arms may condition the provision of accommodating the request on information on receipt of payment for the cost of accommodation and the specification of an alternative address or other method of contact.
- Inspect and copy your health record except for certain reasons, including psychotherapy notes, information collected for use in civil, criminal, administrative actions or proceedings, if we believe the disclosure would be harmful to you or a third party, and information that is subject to and exempt from the Clinical Laboratory Improvement Amendments of 1988 so that access by the individual would be illegal.
- Obtain a paper copy of this Notice of Privacy Practices upon request.
- Request an amendment of your health record. Sheltering Arms will review your request and determine if an amendment is needed. Sheltering Arms Physical Rehabilitation Centers reserves the right to deny the amendment.
- Obtain an accounting of certain types disclosures of your health information in the six years prior to the date of the request except for uses/disclosures:
 - Used to carry out treatment, payment and health care operations, except that you may receive an accounting of treatment, payment, and health care operations disclosures made through an Electronic

Health Record for the three (3) years prior to the date of request

- To individuals about themselves
- For the facility's directory
- People involved in the individuals care or other notification purposes
- For national security or intelligence purposes
- to correctional institutions or law enforcement officials
- That occurred prior to the effective date for SAH

Our Responsibilities:

This organization is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Notify you if your unsecured health information has been breached; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, a revised version will be available to you upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. You have the right to revoke your authorization at any time, provided the revocation is in writing, except to the extent that Sheltering Arms has taken action in reliance thereon or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the Privacy Officer at (804) 764-5290. If you believe your privacy rights have been violated, you can file a written complaint with the Privacy Officer at (804) 764-5290 or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.