

## **New Horizons Rehabilitation Services, Inc.**

### **NOTICE OF PRIVACY PRACTICES**

The Notice of Privacy Practices is a lengthy document that goes into detail to fully inform you about how your health information is used. The Notice of Privacy Practices covers the following topics:

How New Horizons Rehabilitation Services, Inc. manages and protects your health information. How you can restrict certain uses and disclosures of your protected health information. Your rights in requesting information about your protected information; and Contact information if you have any questions or concerns regarding your protected health information.

New Horizons Rehabilitation Services, Inc. requests that you sign an acknowledgement that you received the Notice of Privacy Practices.

### **AUTHORIZATION TO USE AND DISCLOSURE**

To assist New Horizons Rehabilitation Services in providing the best care possible and to communicate with those close to you and other health professionals that may be treating you, New Horizons Rehabilitation Services provides you a form to let us know who we can share your health information with.

### **MARKETING AUTHORIZATION**

The marketing authorization form authorizes New Horizons Rehabilitation Services to contact you with various product and/or treatment options related to your health care. New Horizons Rehabilitation Services may receive compensation for these communications. The authorization form gives you the option of either:

Authorizing all marketing communications.

Requiring authorization for anyone marketing communication.

Prohibiting any marketing communication.

### **QUESTIONS/COMMENTS**

Please do not hesitate to ask us any questions you may have about your protected health information. You may contact our Privacy Officer, Tim Hatfield at (248) 340-0559 ext. 1228 or Tim at [THatfield@newhorizonsrehab.org](mailto:THatfield@newhorizonsrehab.org)

## **PRIVACY POLICY**

This form does not constitute legal advice and is for educational purposes only. This form is based on current federal law and subject to change based on changes in federal law or subsequent interpretative guidance. This form is based on federal law and must be modified to reflect state law where that state law is more stringent than the federal law or other state law exceptions apply.

### **NEW HORIZONS REHABILITATION SERVICES, INC. NOTICE OF PRIVACY PRACTICES**

**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.**

#### **ABOUT THIS NOTICE**

New Horizons Rehabilitation Services is committed to protecting your health information. This Notice of Privacy Practices (“Notice”) is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as revised in the 2013 HTPAA Omnibus Rule. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or audiological/health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights and our duties with respect to your protected health information.

“Protected Health Information” is information about you that may identify you and that relates to your past, present or future physical or mental health/condition and related health care services. We must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please contact our Privacy Officer, Tim Hatfield at (248) 340-0549 ext. 1128 or [TimHatfield@newhorizonsrehab.org](mailto:TimHatfield@newhorizonsrehab.org)

#### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made.

##### **1. Treatment**

We may use and disclose your protected health information to provide, coordinate, or manage your services. We may also disclose your protected health information to other

third party providers involved in your healthcare. For example, your protected health information may be provided to a physician or other health care provider (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you.

## **2. Payment**

We may use and disclose your protected health information so that payment can be received for the treatment and health care services you receive. This may include certain communications to your funding source to get approval for the services that we recommend. For example, if a change in service is recommended, we may need to disclose information to your funding source to get prior approval. We may also disclose protected health information to your funding source to determine whether you are eligible for benefits or whether a particular service is covered under your plan. In order to get payment for your services, we may also need to disclose your protected health information to your funding source to demonstrate the medical necessity of the services or, as required by your funding source, for utilization review. We may also disclose protected health information to another provider involved in your care for the other provider's payment activities.

## **3. Health Care Operations**

We may use and disclose your protected health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you.

## **4. Treatment Communications**

We may provide treatment communications concerning treatment alternatives or other health related services. For communications for which we or a business associate may receive financial remuneration in exchange for making the communication, we must obtain written authorization unless the communication is made face-to-face. If you do not wish to receive these communications please submit a written request to our Privacy Officer, Tim Hatfield at (248) 340-0559 ext. 1228 or Tim at [THatfield@newhorizonsrehab.org](mailto:THatfield@newhorizonsrehab.org)

## **5. Fundraising Activities**

We may use or disclose your demographic information and dates of services provided to you, as necessary, in order to contact you for fundraising activities supported by New Horizons Rehabilitation Services Inc. You have the right to opt

out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to our Privacy Officer, Tim Hatfield at 1814 Pond Run, Auburn Hills, Michigan 48326

## **6. Others Involved in Your Healthcare**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may also use and disclose protected health information to notify such persons of your location, general condition, or death. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up your personal belongings or other things that contain protected health information about you.

## **7. Required by Law**

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

## **8. Public Health**

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

## **9. Business Associates**

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

## **10. Communicable Diseases**

We may disclose your protected health information, if authorized by law, to a person who may have exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

## **11. Health Oversight**

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the mental health care system, government benefit programs, other government regulatory programs and civil rights laws.

## **12. Abuse or Neglect**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

## **13. Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, or to conduct post marketing surveillance, as required by law.

## **14. Legal Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

## **15. Law Enforcement**

We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

## **16. Coroners, Funeral Directors, and Organ Donation**

We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, in order to pennit the funeral director to carry out its duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

## **17. Research**

We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

## **18. Serious Threat to Health or Safety**

Consistent with applicable federal and state laws, we may disclose your protected health information to prevent or lessen a serious threat to your health and safety or to the health and safety of another person or the public.

## **19. Military Activity and National Security**

If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your protected health information to authorized officials so they may carry out their legal duties under the law.

## **20. Workers' Compensation**

We may disclose your protected health information as authorized for workers' compensation or other similar programs that provide benefits for a work-related illness.

## **21. For Data Breach Notification Purposes**

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or discharge of your health information.

## **22. Required Uses and Disclosures**

Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.Seq.

### **SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION**

The following uses and disclosures will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes for which we or a business associate may receive remuneration; and
2. Disclosures that constitute a sale of protected health information.

Other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law.

You may revoke this authorization, at any time, in writing, except to the extent that New Horizons Rehabilitation Services, Inc. has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. Right to be Notified if there is a Breach of Your Protected Health information. You have the right to be notified upon a breach of any of your unsecured protected health information.
2. You may inspect and obtain a copy of your protected health information that is contained in your medical and billing records and any other records that New Horizons Rehabilitation Services Inc. uses for making decisions about you. To inspect and copy your medical information, you must submit a written request to our Privacy Officer, Tim Hatfield, 1814 Pond Run, Auburn Hills, Michigan, 48326. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, we may deny your request to inspect and/or copy your protected health information. A decision to deny access may be reviewable. Please contact our Privacy Officer, Tim Hatfield, at (248) 340-0549 ext. 1228 or [THatfield@newhorizonsrehab.org](mailto:THatfield@newhorizonsrehab.org) if you have any questions.
3. Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. To request a restriction on who may have access to your protected health information, you must submit a written request to our Privacy Officer, Tim Hatfield, New Horizons Rehabilitation Services, Inc., 1814 Pond Run, Auburn Hills, Michigan 48326. Your request must state the specific restriction requested and to whom you want the restriction to apply.

New Horizons Rehabilitation Service is not required to agree to a restriction that you may request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we believe it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

#### 4. Right to Request Confidential Communication

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. You must request this by submitting a written request to our Privacy Officer, Tim Hatfield, New Horizons Rehabilitation Services, Inc. 1814 Pond Run, Auburn Hills, Michigan 48326.

#### 5. Right to Request Amendment

You may request an amendment of your protected health information contained in your medical and billing records and any other records that New Horizons Rehabilitation Services, Inc. uses for making decisions about you, for as long as we maintain the protected health information. You must request for an amendment by submitting a written request to our Privacy Officer, Tim Hatfield, New Horizons Rehabilitation Services, Inc. 1814 Pond Run, Auburn Hills, Michigan 48326 and provide the reason(s) that support your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

## 6. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. You must request for an accounting of disclosures by submitting a written request to our Privacy Officer, Tim Hatfield, New Horizons Rehabilitation Services, Inc. 1814 Pond Run, Auburn Hills, Michigan 48326 and provide the reason(s) that support your request.

## 7. Right to Obtain a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice even if you have agreed to receive this notice electronically. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this Notice, you can contact our Privacy Officer, Tim Hatfield, at (248) 340-0559 ext. 1228 or [THatfield@newhorizonsrehab.org](mailto:THatfield@newhorizonsrehab.org)

## COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with us, please contact our Privacy Officer, Tim Hatfield, at (248) 340-0559 ext. 1228 or [THatfield@newhorizonsrehab.org](mailto:THatfield@newhorizonsrehab.org). All complaints must be submitted in writing. New Horizons Rehabilitation Services Inc. will not retaliate against you for filing a complaint.

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. The new Notice will be effective for all health information we already have about you as well as any information we receive in the future. You can also obtain a revised Notice at [www.newhorizonsrehab.org](http://www.newhorizonsrehab.org) or by contacting our Privacy Officer, Tim Hatfield, 1814 Pond Run, Auburn Hills, Michigan 48326

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\_\_\_ By checking this line and signing below, I acknowledge that I received a copy of New Horizons Rehabilitation Services, Inc. Notice of Privacy Practices, The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice, I understand that a copy of the current Notice will be located in the reception area, the website and that any revised Notice of Privacy Practices will be made available.

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

**LEAVE A COMMENT**

Name \*

Email \*

Website

