

BRIGHT START CHILDREN'S REHABILITATION CENTER NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This facility uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact our Privacy Officer as listed below.

I. USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

A. Treatment

We are permitted to use and disclose your medical information to those involved in your treatment.

B. Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provide to you. For example, we may complete a claim form to obtain payment from your insurer. The form will contain medical information, such as a description of the medical service provided to you that your insurer needs to approve payment to us.

C. Health Care Operations

We are permitted to use or disclose your medical information for the purpose of health care operations, which are activities that support these practices and ensure that quality care is delivered. We may ask one of our Medical Directors to review this facility's medical records to evaluate our performance so that we may ensure that only the best therapy is provided by our facility.

D. Other Uses and Disclosures

As a part of treatment, payment and health care operations, we may also use or disclose you protected health information for the following purposes: to remind you of a scheduled appointment, to inform you of potential treatment alternative or options, or to inform you of related health –related benefits or services that may be of interest to you.

II. DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required

We will disclose your protected health information when we are required to do so by any federal, state or

local law.

B. When There Are Risks to Public Health

- 1 We may disclose your medical information for the public health activities.
- 2 Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority.
- 3 We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- 4 We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

C. When There Is Suspected Abuse, Neglect or Domestic Violence

We may also disclose medical information to a public agency authorized to receive report of a child abuse or neglect. Texas law requires healthcare providers to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

D. To Conduct Health Oversight Activities

We may disclose your medical information to a health oversight agency for those activities Authorized by law. Examples of these activities are audits, investigations, and licensure Applications and inspections which are all government activities to monitors the Health care delivery system and compliance with other laws, such as civil rights laws.

E. In Connection Health Oversight Activities

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decisionmaker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

F. For Law Enforcement Purposes

If asked by law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- 1 Is released pursuant to legal process, such as a warrant or subpoena;
- 2 Pertains to a victim of crime and your are incapacitated;
- 3 Pertains to a person who has died under circumstances that may be related to criminal conduct;
- 4 Is about a victim of crime and we are unable to obtain the person's agreement;
- 5 Is released because of a crime that has occurred on these premises; or
- 6 Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an Imminent threat to the health or safety of a person.

G. Worker's Compensation

We may disclose your medical information as required by the Texas worker's compensation law.

H. Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety to others, or for the safety and security of the institution.

I. Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

J. Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors

1 When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers or research purposes.

2 We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor.

3 Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death.

4 Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out these duties

III. USES AND DISCLOSURES WHICH YOU AUTHORIZE

Other than those stated above, we will not disclose your information without your written authorization. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

IV. YOUR RIGHTS UNDER FEDERAL PRIVACY REGULATIONS

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

A. Request Restrictions

1 You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do Not have to agree to this restrictions, but if we do agree, we will comply with your request except under emergency circumstances.

2. To request a restriction, submit the following in writing:

a. The information to be restricted

b. What kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and

c. To whom the limits apply. Please send the request to the address and person listed below.

2 You may also request that we limit disclosure to family members, other relatives, or close personal friends that may not be involved in you care.

B. Receiving Confidential Communication by Alternative Means

1 You may request that we send communications of protected health information by Alternative location. This request must be made in writing to the person listed below.

2 We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

C. Inspection and Copies of Protected Health Information

1 You may inspect and/or copy health information that is within the designated record Set, which is information that is used to make a decisions about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed below.

2. We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

a. Includes psychotherapy notes.

b. Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.

c. Is subject to the Clinical Laboratory Improvement Amendments of 1988.

d. Has been compiled in anticipation of litigation.

2 We can refuse to provide access to or copies of some information for other reasons Provide that we provide a review if our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

3 Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

4 HIPAA permits us to charge a reasonable cost based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower of the fee permitted by HIPPA or the permitted by the TSBME will be charged.

D. Amendment of Medical Information

1 You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond 60 days of your request.

2. We may refuse to allow an amendment if the information:

a. Wasn't created by this facility or the therapists here in this facility.

b. Is not part of the Designated Record Set

c. Is not available for inspection because of an appropriate denial.

d. If the information is accurate and complete.

2 Even if we refuse to allow an amendment you are permitted to include a patient Statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

E. Accounting of Certain Disclosures

1 The HIPAA privacy regulations permit you to request, and us to provide. An accounting of disclosures that are others than for treatment, payment. Health care operations, or made via authorization signed by you or your representative.

2. Please submit any request for an accounting to the person listed below.

a. Your first accounting of disclosures (within a 12 month period) will be free.

b. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your

request before any costs are incurred.

V. APPOINTMENTS, REMINDERS, TREATMENT ALTERNATIVES AND OTHER HEALTH RELATED BENEFITS

We may contact you by telephone or mail to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

VI. COMPLAINTS

If you are concerned that your privacy have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Service is:

U.S. Department of Health and Human Services HIPAA Complaint 7500 Security Blvd., C52404 Baltimore, MD 21244

OUR PPROMISE TO YOU

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

QUESTIONS AND CONTACT PERSON FOR REQUESTS

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Abel Moreno, Privacy Officer
140 Uptown Avenue
Brownsville, Texas 78520

Phone #: (956) 5447722

Fax #: (956) 5447728

This notice is effective on the following date: April 14, 2004 We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain if or when we change our notice, we will post the new notice in the office where it can be seen.