

HIPPA PATIENT INFORMATION  
REHAB ACCESS, INC.  
Notice of Patient Information Practices

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

**REHAB ACCESS LEGAL DUTY**

Rehab Access is required by law to protect the privacy of your personal health information, provide this notice about our information practices & follow the information practices described herein.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

Rehab Access uses your personal health information for treatment; obtaining payment for treatment; conducting administrative activities & evaluation the quality of care that we provide. For example, we may use your personal information to contact you to provide appointment reminder, or information about treatment alternative or other related benefits that could be of your interest to you.

Rehab Access may also use or disclose your personal health information without prior authorization for public health purposes, auditing purposes, and emergencies. It may also be used by law for the following: Judicial Administrative Release; Overnight Release ; Research; Law Enforcement; Public Health Activities; Coroner's/ Medical Examiners' Request for Identification of Deceased; and Specialized Government Functions.

In any other situation, Rehab Access's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at anytime.

Rehab Access may change its policy at anytime. When changes are made, a new Notice of Information Practices will be posted in the waiting room and will be provided to you on your next visit. You may also request an updated copy of our notice at any time.

**PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Rehab Access will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

**CONCERNS AND COMPLAINTS**

If you are concerned that Rehab Access may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address below. You may also send a written complaint to US Department of Health and Human Services. For further information on Rehab Access's health information practices, or if you have a complaint, please contact the following person.

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Gretna, LA 70056

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