



Privacy Notice

In 1996, congress passed the Healthcare Insurance Portability and Accountability Act, also known as HIPAA. HIPAA was developed to regulate how businesses handle an individual's protected health information such as your name, phone number, address, social security number, and other personal health information that you may not want shared with other individuals. The implementation date for HIPAA is April 14, 2003. Although this Act will require more paperwork for our patients, we believe that regulations regarding the use of an individual's personal health information are necessary in the current age of information transfer via phone, fax, computer, etc.

As a Healthcare provider, Advance for Kids will have to obtain your personal health information. Because we will be accessing this information and using it during your care here, HIPAA requires that we share with you how we intend to handle your protected health information. This is a federal requirement of all healthcare providers including other therapy clinics and your doctor.

As a component of sharing our privacy practices with you, we are required to have you sign a few documents stating that we have:

- Covered our privacy practices with you
- Discussed who we can share your information with
- Given you the opportunity to limit our use of your health information

We understand that more paperwork is an inconvenience for you. We have attempted to limit the amount of information to **only what is required under HIPAA**. Thank you for bearing with us. If you have any further questions regarding HIPAA, please feel free to ask our Privacy Officer. Thank you for giving us the opportunity to serve your child's rehabilitation needs.

1. Uses and Disclosures Required by Law – We may use and disclose your Health Information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

- **Public Health Activities** – We may disclose your Health Information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- **Abuse and Neglect** – We may disclose your Health Information to a local, state, or federal government authority, if we have a reasonable belief of abuse, neglect or domestic violence.
- **Regulatory Agencies** – We may disclose your Health Information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.
- **Judicial and Administrative Proceedings** – We may disclose your Health Information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.

- **Law Enforcement Purposes** – We may disclose your Health Information to law enforcement officials when required to do so by law.
- **Coroners, Medical Examiners, Funeral Directors** – We may disclose your Health Information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.
- **Research** – Under certain circumstances, we may disclose your Health Information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of you Health Information.
- **Threats to Health and Safety** – We may use or disclose your Health Information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.
- **Specialized Government Functions** – If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities. We may also disclose your Health Information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.
- **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or law enforcement official, where such information is necessary to the institution to provide you with health care; to protect your health or safety, or the health or safety of others; or for the safety and security of the correctional institution.
- **Workers' Compensation** – We may disclose your Health Information to your employer to the extent necessary to comply with Georgia laws relating to workers' compensation or other similar programs.
- **Fundraising** – We may use or disclose your Health Information to make a fundraising communication to you, for the purpose of raising funds for our own benefit. Included in such fundraising communications will be instructions describing how you may ask not to receive future communications.
- **Marketing** – We may use or disclose your Health Information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift or nominal value provided by us.
- **Appointment Reminders/Treatment Alternatives** – We may use and disclose your Health Information to remind you of an appointment for treatment and medical care at our office or to provide you with information regarding treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Business Associates** – We may disclose your Health Information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your Health Information.
- **Other uses and Disclosers** – In addition to the reasons outlined above, we may use and disclose your Health Information for other purposes permitted by the Privacy Rules.

2. Uses and Disclosures Which Require Patient Opportunity to Verbally Agree or Object. Under the Privacy Rules, we are permitted to use and disclose your Health Information : (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.

3. Uses and Disclosures Which Require Written Authorization. As required by the Privacy Rules, all other uses and disclosures of your Health Information (not described above) will be made only with your written Authorization. For example, in order to disclose your Health Information to a company for marketing purposes, we must obtain your Authorization. Under the Privacy Rules, you may revoke your Authorization at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

PATIENT RIGHTS

You have the following rights concerning your Health Information:

1. Right to Inspect and Copy Your Health Information. Upon written request, you have the right to inspect and copy your own Health Information contained in a designated record set, maintained by or for us. A “designated record set” contains medical and billing records and any other records to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your Health Information be reviewed. If you request a copy or summary of explanation of your Health information, we may charge you a reasonable fee for copying costs, including the cost of supplies and labor, postage, and any other associated costs in preparing the summary or explanation.

2. Right to Request Restrictions on the Use and Disclosure of Your Health Information. You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or payment for your care, such as family members or close friends. We will consider, but do not have to agree, to such requests.

3. Right to Request an Amendment of Your Health Information. You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with our requested amendment, we will provide you with written explanation for the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.

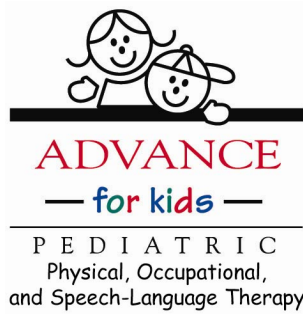
4. Right to an Accounting of Disclosures of Your Health Information. You have the right to receive an accounting of disclosures of our Health Information made by us within six (6) years prior to the date of your request. The accounting will not include; disclosures related to treatment, payment or health care operations; disclosures to you; disclosures based on your Authorization; Disclosures that are part of a Limited Data Set; incidental disclosures; disclosures to persons involved in your care operations; disclosures to you; disclosures based on your Authorization; disclosures that are part of a Limited Data Set; incidental disclosures; disclosures to persons involved in your care or payment for your care; disclosures to correctional institutions or law enforcement officials; disclosure for facility directories; or disclosures that occurred prior to April 14, 2003.

5. Right to Alternative Communications. You have the right to receive confidential communications of your Health Information by a different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail.

6. Right to Receive a Paper Copy of the Privacy Notice. You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive the Privacy Notice electronically.

If you want to exercise any of these rights, please contact our Privacy Officer. All request must be submitted to us in writing on a designated form (which we will provide to you), and returned to the attention of our Privacy Officer at the address below.

Advance for Kids, Inc.
365 S. Industrial Blvd.
Calhoun, GA 30701



Privacy Notice: Written Acknowledgement Form

Our “**Notice of Privacy Practices**” provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may request a revised copy.

I, _____, have reviewed the Advance Rehabilitation for Kids, Inc. “**Notice of Privacy Practices**”.

I understand that I may request a written copy of the notice at any time and that I may also ask questions to the representatives of Advance Rehabilitation for Kids, Inc. if I do not understand any information contained in the “**Notice of Privacy Practices**”.

Patient Printed Name

Signature of Authorized Representative of Patient

Relationship to Patient

Date