



# Select Rehabilitation, LLC

## HIPAA Notice of Privacy Policies

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

***PLEASE READ THIS NOTICE CAREFULLY.***

This Notice describes the privacy practices of Select Rehabilitation, LLC (“Select Rehab”) concerning your health information. It also applies to the members of the Select Rehab Affiliated Covered Entity (“Select Rehab ACE”).

The members of the Select Rehab ACE include covered entities and health care providers that are now or in the future under common ownership or control as Select Rehab. The members of the Select Rehab ACE have designated themselves as a single entity to comply with the Health Insurance Portability and Accountability Act (“HIPAA”). For a complete list of the members of the Select Rehab ACE, please contact the Select Rehab Privacy Office. For purposes of this Notice, the Select Rehab ACE may be referred to as “Select Rehab ACE”, or as “we”, “us”, or “our”.

The Select Rehab ACE can use and share your Protected Health Information (“PHI”) for treatment, payment and health care operations of the Select Rehab ACE, for other purposes permitted or required by law, and as described in this Notice. The term “PHI” means health information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. It also includes information related to the payment for these services such as claims, eligibility, and enrollment for benefits. In this Notice, we’ll refer to PHI as health information.

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. We are also required to abide by the terms of this Notice as currently in effect.

### **Our Uses and Disclosures**

**The following are the types of uses and disclosures we may make of your health information without your permission. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such state or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.**

**Treatment:** We will use your health information and may share it with other professionals who are treating you. For example, we may share copies of your health information with other providers, such as assisted living facilities, home health agencies, and durable medical equipment suppliers, who are currently or will be participating in your care in order to assist them in treating you for your current condition.

**Payment:** We will use and share your health information in order to be paid for the therapy services we provide to you. For example, we may share your health information to obtain authorization from your insurance carrier, to bill for your services, and to receive payment from health plans or other entities. We

also may be asked to forward additional information to substantiate the care you received was medically necessary or that the care that was billed was delivered.

**Health Care Operations:** We will use and share your health information in order to run our business, improve your care, and contact you when necessary. For example, your information may be used or shared to assess the quality of service provided to you, for responding to things like complaints and appeals, to provide you with appointment reminders or inform you of treatment alternatives or other health-related benefits or services.

## **Other Permissible Uses and Disclosures**

We are also allowed or required to share your health information in other ways - usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For instance:

**Business Associates:** There are some services we provide through contracts with third parties, known as business associates, so they can perform a job we have asked them to do. We enter into written agreements with them to protect the privacy of your health information. Examples can include an administrative services or technology support.

**Individuals involved in your care or payment of your care:** We may disclose health information to a family member or friend who is involved in your care or someone responsible for your medical bills or paying for your healthcare. We will generally try to obtain your written authorization on our **Outpatient Treatment Agreement** before we release your information (if you are over 18); however, if you are not present or incapacitated, we may still release your information if it is in your best interest or directly relevant to the inquiring person's involvement in your care. Additionally, we may use or disclose your information so that your family can be notified as to your condition, location, or death, so that care or rescue efforts can be coordinated.

**As Required By Law:** We will use and disclose your health information when required to do so by federal, state or local law, to the extent such use and disclosure is limited to the relevant requirements of such law.

**Legal Proceedings:** We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by another person involved in the dispute, but only if we believe that the party seeking the health information has made reasonable efforts to tell you about the request or to obtain an order protecting the information requested.

**Public Health Activities:** We may disclose your health information for activities such as preventing or controlling disease, injury, or disability; reporting the conduct of public health surveillance, investigations, and interventions; reporting adverse events relating to product defects, problems, or biological deviations; and notifying people to enable product recalls, repairs, and replacement.

**Abuse, Neglect, or Domestic Violence:** We may disclose your information to an appropriate government authority if we reasonably believe an individual has been the victim of abuse, neglect, or domestic violence. We will only do this if you agree OR when required or authorized by law.

**Health Oversight Activities:** We may share your health information for necessary government activities that monitor the healthcare system, government benefit programs and program compliance, or civil rights law compliance. Examples may include civil, administrative, or criminal investigations, prosecutions, proceedings, or audits by governmental agencies.

**Law Enforcement:** We may disclose your health information, within limitations, if asked to do so by a law enforcement official for a law enforcement purpose, if it is: (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime if the individual agrees to the disclosure, or due to incapacity or emergency, we are unable to obtain the individual's agreement; (3) about a death we suspect may have resulted from criminal conduct; and (4) about criminal conduct we believe in good faith to have occurred on our premises.

**Deceased Individuals:** Following your death, we may disclose health information to a personal representative (for example, the executor of your estate), and unless you have expressed a contrary preference, we may also release your health information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if the health information is relevant to such person's involvement in your care or payment for care. We are required to apply safeguards to protect your health information for 50 years following your death.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to a coroner or medical examiner as necessary to identify a deceased person or determine a cause of death. We may also disclose your health information, as necessary, in order for the funeral directors to carry out their duties.

**Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations or other entities involved in the procurement, banking, or transplantation of organs, eyes, or tissue.

**Research:** We can use or share your information for certain limited health research. Generally, the research project must be approved through a special committee that reviews the research proposal and ensures that the health information is necessary for research purposes.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when we believe in good faith, it is necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to a person able to help prevent the threat.

**Governmental Functions:** If you are a member of the Armed Forces, we may disclose your health information as required by appropriate military command authorities. We may also disclose the health information of foreign military personnel to the appropriate foreign military authority. We may disclose your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law.

**Inmates:** We may disclose your health information, as long as you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official. The disclosure must be necessary: (1) for the institution or law enforcement official to provide you with healthcare; (2) to protect your health and safety or the health and safety of others in connection with the correctional institution; and (3) for the correctional institution's safety and security.

**Workers' Compensation:** We may disclose your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Other Uses and Disclosures of Your Health Information:** Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us, will be made only with your written authorization. If you have given us your authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose the health information for the reasons covered by your written authorization, except to the extent that we have taken action in reliance on your authorization. Please note that we are unable to withdraw any disclosures we have already made with your written authorization.

## **YOUR RIGHTS**

This section explains your rights and some of our responsibilities to help you. To exercise any of the following rights, you must make your request in writing by filling out the appropriate Select Rehab ACE form and submitting it to the Select Rehab ACE Privacy Officer, 2600 Compass Road, Glenview, IL 60026; Phone Number: 877.787.3422.

**Right to Request Access to Your Health Information:** You can ask for an electronic or paper copy of your medical record (designated record set). This may include medical and billing records, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) health information that is maintained by Select Rehab ACE to which access is prohibited by law. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or preparing the requested documents.

We may provide you with a written denial of your request to inspect and copy in certain very limited circumstances: (1) the health information you are requesting to inspect is specifically prohibited by law; or (2) the information you are requesting was confidentially obtained from a source other than a healthcare provider and if you were granted access you could find out the identity of the source.

If you are denied access to your health information, for reasons other than those listed above, you may request that the denial be reviewed. A licensed healthcare professional chosen by Select Rehab ACE will review your request, as well as the basis for the denial. The person conducting the review will not be the person who denied your request the first time. The outcome of the review will be the final decision.

**Right to Amend:** You have the right to request that we amend your health information in a designated record set if it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for Select Rehab ACE within a designated record set. You must be prepared to provide a reason to support your request for an amendment.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your health information for purposes of treatment, payment, or healthcare operations. You also have the right to request that we restrict the disclosure of your health information from those involved in your healthcare or the payment for your healthcare, such as with a family member or friend. For example, you may request that we not use or disclose your health information relating to a procedure you may have had. **We are generally not required to agree with your request for restrictions.** If we agree with your request for restriction, we will comply with your request unless the information is needed to provide you with emergency treatment. If we agree to your request, either you or we may revoke the restriction. Any revocation or withdrawal of consent to the request for restrictions will only apply to health information that we obtain after the revocation or withdrawal of consent.

The only instance in which we must agree to a restriction is when you request to restrict a disclosure to a health plan for purposes of carrying out payment or healthcare operations (and not for purposes of carrying out treatment), provided your health information pertains solely to a healthcare item or service for which a healthcare provider involved has been paid out of pocket in full.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or children.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house.

**Right to an Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by Select Rehab ACE within the past six years from the date of your request, except for disclosures that have been made: (1) to you; (2) incident to a use or disclosure permitted or required by law;

(3) pursuant to an authorization; (4) to those involved in your care or for notification purposes; (5) for national security or intelligence purposes; (6) to correctional institutions or law enforcement officials; and (7) as part of a limited data set.

The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request, before any costs have been incurred.

**Right to Notification Regarding a Breach:** In the event of a breach of unsecured health information, you have the right to receive notification from us if we reasonably believe that your health information has been accessed, acquired, used or disclosed as a result of such breach.

**Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice and may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to receive a paper copy.

**Right to Appoint a Personal Representative:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

### **OTHER IMPORTANT INFORMATION**

**Changes to this Notice:** We reserve the right to change the terms of this Notice, and to make the new Notice terms effective for all health information we currently maintain, as well as any information we receive in the future.

**Request for Forms/Submission of Forms/Questions.** If you have any questions about this Notice or would like to ask for or submit forms, please contact the Select Rehab ACE Privacy Officer.

**Complaints:** If you believe your privacy rights were violated, you can file a complaint with the:

- Select Rehab ACE Privacy Officer
- Secretary of the U.S. Department of Health and Human Services

Submit all complaints in writing. We will not penalize you or retaliate against you in any way if you file a complaint.

#### **Contact Information:**

Select Rehab ACE Privacy Officer  
2600 Compass Road, Glenview IL, 60026  
Phone #: 877.787.3422

**EFFECTIVE DATE:** January 16, 2017; Last revised date: July 29, 2022.