

# POWER IN MOTION REHABILITATION SERVICES, INC.

## HIPAA NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

In compliance with a newly enacted Federal Law, the Health Insurance Portability and Accountability Act (HIPAA), Power In Motion Rehabilitation [PIM], is informing you of your privacy rights. Please review this notice carefully.

**YOUR RIGHTS.** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Get a copy of your health and claims records.

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.
- We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee.
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice.
- We may say “no” to your request. We’ll tell you why in writing within 60 days. Request confidential communications.
- You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not. Ask us to limit what we use or share.
- You can ask us not to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice.
- We are not required to agree to your request, and we may say “no” if it would affect your care. Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice.
- We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but we may charge a reasonable, cost-based fee if you ask for another one within 12 months. Get a copy of this Notice.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly.

- Choose someone to act for you. 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 for you.
- We confirm this information before we release them any of your information.
- You can complain if you feel we have violated your privacy rights by using the contact information at the end of this notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201. We will not retaliate against you for filing a complaint.
- **YOUR CHOICES:** For certain health information, you can tell us your choices about what we share. If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions. Use the contact information at the end of this notice.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care. Share information in a disaster or relief situation
- Contact you for fundraising efforts If there is a reason you can't tell us who we can share information with, we may share it if we believe it is in your best interest to do so. We may also share information to lessen a serious or imminent threat to health or safety. We never share your information in these situations unless you give us written permission.
- How do we use or share your health information? We typically use or share your health information in the following ways:
  - Payment. We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as deciding of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment for your health plan to agree to pay for that treatment.
  - We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services. Run our organization
  - We can share your health information for certain situations such as: Preventing disease. Helping with product recalls. Reporting adverse reactions to medications. Reporting suspected abuse, neglect or domestic violence. Preventing or reducing a serious threat to anyone's health or safety. Conduct research.
  - We can use or share your information for health research in compliance with the law.
  - We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws. Address worker's compensation, law enforcement and other government requests.

- We can use or share health information about you for worker’s compensation claims. For law enforcement purposes or with a law enforcement official. With health oversight agencies for activities authorized by law. For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates. Respond to lawsuits and legal actions.
- We can share health information about you in response to an administrative or court order, or in response to a subpoena.
- Certain health information. State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the state law.

**PIM RESPONSIBILITIES.** When it comes to your information, we have certain responsibilities:

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.
- Will maintain security and privacy practices that include physical, technical and administrative safeguards to protect this information from unauthorized access and will only use this information process your claims, ensure proper billing, provide you with customer service and comply with the law.
- **CHANGES TO THESE NOTICES:** We have the right to change the terms of these notices, and the changes we make will apply to all information we have about you. The new notices will be available upon request or from our website. We will also mail a copy of the new notices to you as required by law.

For questions, concerns or requests, please contact us through the following options:

By Mail: Power In Motion Rehabilitation Services, Inc.  
1831 S. O’Plaine Road, Libertyville, IL. 60048

By Phone: 847-680-5045 / Fax: 847-680-5046

By Email: [info@pimrehab.com](mailto:info@pimrehab.com)

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[Page 3 of 3]