



Rehabilitation Services, Inc.

Physical, Speech-Language,
and Occupational Therapy

Laurel Office

14409 Greenview Drive
Suite 102
Laurel, MD 20708
(301) 498-8100
Or (410) 792-7777
Fax: (301) 498-0009

Administrative Address

P.O. Box 500
Brookeville, MD 20833

NOTICE OF PRIVACY PRACTICES

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and our rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect on April, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For information about our privacy practice, or for additional copies of this Notice, please contact us at (301) 498-8100.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We may use and disclose your health information to a physician or other healthcare providers providing treatment to you. For example: information obtained by a nurse, rehabilitation therapist, social worker, home health aide or member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will record the actions they took and their observations. In that way, all members of your healthcare team will know you are responding to treatment. We will also provide your physician and other healthcare providers involved with your care of various reports that should assist in treating you while you are receiving homecare services. These reports may be communicated to your other healthcare providers by phone, fax, mail, or protected e-mail.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example: a bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, services provided and supplies used.

Healthcare Operations: We may disclose your health information in connection with our healthcare operations. Healthcare operations include qualify assessment and improvement activities, competence or qualification reviews of healthcare professionals, practitioner and provider performance evaluations, training programs, accreditation, certification, licensing or credentials activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at anytime. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.



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Business Associates: There are some services provided in our organization through contracts with business associates. Examples include outside medical or financial review organizations. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job that we have asked them to do. To protect your health information, we require the business associates to appropriately safeguard your information.

Communication with Family/Care Representatives: We may contact a family member, personal representatives, or another person responsible for your care, to obtain information about your care, location or general condition. Health professionals, using their best judgment, may disclose to a family member/care representative that you identify health information relevant to that person's involvement in your care.

Appointment Reminders: We may contact you to remind you of a scheduled visit, to provide you with treatment alternatives or other health-related benefits and services that may be of interest to you.

Emergency Medical Providers: In an emergency situation, we may disclose health information to emergency medical providers to assist them in carrying out their duties.

Food and Drug Administration (FDA): We may disclose to the FDA health information related to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

As Required by Law and for Healthcare Oversight: We may disclose medical information about you when required to do so by federal, state, or local law in response to a valid subpoena. We may disclose medical information to investigations, inspections, and licensures. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Worker's Compensation: We may disclose medical information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law that provide benefits for work-related injuries or illnesses without regard to fault.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, and disability.

Victims of Abuse, Neglect or Domestic Violence: We may disclose information about suspected abuse, neglect, or domestic violence if required by law, statute or regulation, or if it is determined that reporting is necessary to prevent serious harm to the potential victim(s).

Government Functions: Specialized government functions, such as protection of public officials, for national security Activities that are authorized by the National Security Act, or for reporting various branches of the armed services, that may require use or disclosure of your health information.

State Law: As applicable, we will not use or disclose information regarding drug or alcohol abuse, HIV infections, or psychotherapy without your written consent or authorization as required by State law.