origami
REHABILITATION

Notice of Privacy Practices

Notice of Privacy Practices – HIPAA

This Notice of Privacy Practices ("Notice") describes how we, Origami Rehabilitation, may use and disclose your protected health information ("PHI") for purposes of treatment, payment, health care operations, and other uses permitted or required by law. It also describes your rights to access and control your PHI.

Please read this Notice carefully. The privacy of your health information is important to us.

PHI is information about you, including demographic details, that may identify you and relates to your past, present, or future physical or mental health or condition and the health care services you receive.

If you have questions about this Notice, please contact us using the information listed at the end.

Our Legal Duty

We are required by law to:

• Maintain the privacy of your PHI.

• Provide you with this Notice explaining our legal duties and privacy practices.

• Notify you following a breach of your unsecured PHI.

• Abide by the terms of this Notice currently in effect.

We reserve the right to change our privacy practices and update this Notice as permitted by law. Any changes may apply to PHI we already maintain, as well as new information we receive. Updated Notices will be available upon request, in our office, and on our website.

Uses and Disclosures of Health Information

1. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your PHI may be used and disclosed by your treatment team and staff to provide health care services, obtain payment, and support the operations of Origami Rehabilitation.

Treatment - We may use or disclose your PHI to coordinate or manage your care. This may include sharing information with another provider, such as a specialist or laboratory, involved in your diagnosis or treatment.

Payment - We may use or disclose your PHI to obtain payment for services provided to you, such as determining eligibility, medical necessity reviews, or insurance authorizations.

Health Care Operations - We may use or disclose your PHI for activities such as quality improvement, staff training, credentialing, accreditation, licensing, marketing communications permitted by law, fundraising, and other business operations.

We may disclose PHI to third-party business associates who perform services on our behalf. Business associates are required to safeguard your information through written agreements.

We may also use your name and address to send brochures or permissible marketing communications regarding Origami Rehabilitation and may use limited demographic information and service dates to contact you for fundraising purposes. You may opt out of marketing or fundraising communications at any time.

2. Uses and Disclosures Requiring Your Written Authorization

We will not use or disclose your PHI for the following purposes without your written authorization:

Psychotherapy Notes - Psychotherapy notes maintained separately from your electronic record will not be used or disclosed unless permitted or required by law.

Marketing - We will not use or disclose your PHI for marketing purposes that encourage the purchase or use of a product or service without authorization. Communications about Origami Rehabilitation services are allowed unless you opt out.

Sale of PHI - We will not sell your PHI without your written authorization. If a sale is authorized, we will inform you of any remuneration received.

Other Uses and Disclosures - Any other use or disclosure not specified in this Notice requires your written authorization. You may revoke your authorization at any time, except to the extent we have already acted in reliance on it.

3. Uses and Disclosures with Your Authorization or Opportunity to Object

When appropriate, and when you are available, you may agree or object to certain disclosures.

If you are unable to agree or object, we may use professional judgment to determine whether a disclosure is in your best interest.

To Family and Friends - We may disclose PHI to family members, friends, or others involved in your care or responsible for payment. You may provide a written list of individuals to whom you do not want information disclosed. This list may be updated at any time.

Persons Involved in Care - We may notify or assist in notifying family members, personal representatives, or others responsible for your care regarding your location, condition, or death. We may also allow individuals to pick up prescriptions, medical supplies, or similar items if it appears to be in your best interest.

4. Other Permitted or Required Uses and Disclosures

We may use or disclose your PHI without your written authorization as required or permitted by law, including:

- Required by law
- Abuse, neglect, or domestic violence reporting
- Public health activities
- Communicable disease notifications
- Health oversight activities

• National security and intelligence activities

• Military or correctional institution needs

• Appointment reminders

• Approved research activities

Client Rights

You have the following rights related to your PHI:

Access - You may inspect or obtain copies of your PHI, with limited exceptions. Requests must be made in writing. Reasonable, cost-based fees may apply for copies, staff time, postage, or alternative formats.

Certain records - including psychotherapy notes, information compiled for legal proceedings, or PHI restricted by law—may not be accessible. You may request a review of any denied access when permitted by law.

Breach Notification - You have the right to be notified following a breach of your unsecured PHI.

Accounting of Disclosures - You may request a list of certain disclosures made within the past six years (not before April 14, 2003). Additional requests within 12 months may incur a fee.

Restrictions - You may request additional restrictions on the use or disclosure of your PHI. While we are not required to agree, we will follow any restriction we do accept, except when needed for emergency treatment.

Out-of-Pocket Payments - If you pay out of pocket in full for a service, you may request that information about that service not be disclosed to your health plan.

Alternative Communication - You may request that we contact you via alternative methods or at alternative locations. Requests must be in writing and include details about how payment arrangements will be handled.

SMS Texting Communications – Origami Rehabilitation may use SMS text messaging to communicate with you about appointment reminders, intake forms, billing notifications, health tips, and follow-up care. By providing your mobile number, you consent to receive these messages. Message frequency may vary, and standard message and data rates may apply. You may opt out at any time by replying STOP to any message, or reply HELP for assistance.

Origami Rehabilitation uses HIPAA-compliant texting platforms. Text messages will not include detailed medical information or other sensitive PHI.

All SMS conversations are monitored and reviewed regularly for compliance and quality assurance. Origami Rehabilitation does not charge for SMS messages; however, your carrier may apply standard messaging rates.

Please keep your mobile number up to date and do not share confidential information via SMS. For urgent medical concerns, contact Origami Rehabilitation directly by phone.

Failure to follow SMS communication guidelines may result in suspension of texting privileges.

We do not share, sell, or disclose mobile opt-in data or SMS consent to third parties. See our Privacy Policy for additional details.

Amendment - You may request that we amend your PHI. Requests must be in writing and explain why the amendment is necessary. We may deny requests under certain circumstances. If denied, you may submit a statement of disagreement.

Electronic Notice - If you receive this Notice electronically, you are entitled to a paper copy upon request.

Questions and Complaints

If you have questions, concerns, or complaints about our privacy practices, please contact:

Corine Nowak, Quality Assurance Manager Phone: (517) 455-0263 | Email: quality@origamirehab.org
Mail: 3181 Sandhill Road, Mason, MI 48854

You may also submit a complaint to the U.S. Department of Health and Human Services. We will provide the appropriate address upon request.

We will not retaliate against you for filing a complaint.

This notice was originally published and became effective in April of 2019.