



# ***Notice of Privacy Practices***

# Notice of Privacy Practices

This Notice of Privacy Practices (Notice) describes how we, Origami Brain Injury Rehabilitation Center, may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your PHI. Please review it carefully. The privacy of your health information is important to us.

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

If you have questions about this Notice, please contact us at the address and phone number listed on the last page of this Notice.

## Our Legal Duty

We are required by law to maintain the privacy of PHI. We are also required to provide you with and abide by the terms of this Notice about our privacy practices, which sets forth our legal duties and privacy practices with respect to PHI, and to notify you in the event of a breach of your unsecured PHI.

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, in our office, and on our website.

## Uses and Disclosures of Health Information

### **Uses and Disclosures of Protected Health Information for the Purposes of Treatment, Payment and/or Health Care Operations**

Your PHI may be used and disclosed by your treatment team and our office staff for the purposes of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operations of Origami Brain Injury Rehabilitation Center.

The following are examples of the types of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but do describe the types of uses and disclosures that may be made by our office:

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. We also may disclose your PHI on occasion to another health care provider (e.g., a specialist or laboratory) who, at the request of our physician or case manager, becomes involved in your care by providing assistance with your health care diagnosis and treatment.

**Payment:** We will use and disclose your PHI to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage of insurance benefits, reviewing services provided to you for medical necessity, and undertaking review activities.

**Health Care Operations:** We may use and disclose your health information in connection with our health care operations. Health care operations include, but are not limited to quality assessment and improvement activities, employee review activities, training of staff, accreditation, certification, licensing, credentialing, certain marketing communications, fundraising activities, and conducting or arranging for other business activities.

We will share your PHI with third party “business associates” who perform various activities for Origami Brain Injury Rehabilitation Center. Whenever an arrangement between our office and a business associate involves the use and disclosure of your PHI, we will have a written contract with that company which contains terms that will protect the privacy of your PHI.

Subject to the limitations on marketing activities described below, we may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or health-related benefits and services which may be of interest to you. We may use your name and address to send brochures and other marketing information about Origami Brain Injury Rehabilitation Center to you.

We may disclose your demographic information and the dates that you received services, as necessary, in order to contact you for fundraising activities by Origami Brain Injury Rehabilitation Center.

You may opt out of marketing or fundraising communications, at any time, by contacting the HIPAA Compliance Officer and requesting that these materials not be sent to you.

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Without your written authorization, we will not make any of the following uses and disclosures of your PHI:

**Psychotherapy Notes:** Unless permitted or required by applicable laws, we will not use or disclose information held within psychotherapy notes without your written authorization. Psychotherapy notes are those notes maintained outside of your electronic health record. Entries in your electronic health record are subject to disclosure to appropriate requesters without prior approval.

**Marketing Health-Related Services:** Unless permitted or required by applicable laws, we will not use or disclose your health information for marketing purposes without your written authorization. In other words, without your authorization we will not send communications to you about a certain product or service to you that encourages you to purchase or use that product or service. Please note, however, that if you have not opted out of receiving them, we may send you communications about Origami Brain Injury Rehabilitation Center.

**Sale of Protected Health Information:** Unless permitted or required by applicable laws, we will not sell your protected information without your written authorization. If authorization is obtained, we must disclose to you the remuneration we would receive from such a sale.

**Other Uses and Disclosures:** Unless permitted or required by applicable laws as described below, we will not make any other uses or disclosures of your PHI without your written authorization.

**Your Authorization:** In addition to our use of your health information for treatment, payment or health care 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 any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## **Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object**

You have opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then Origami Brain Injury Rehabilitation Center treatment team, using professional judgement, will determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed. We may use and disclose your PHI in the following instances:

**To Your Family and Friends:** We must disclose your health information to you, as described in the Client Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. If there are specific family members and friends that you do not want us to disclose information to, you may provide a restriction list in writing. This list is subject to change, in writing, at your discretion.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Required by Law:** We may use or disclose your PHI when we are required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Abuse or Neglect:** We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits programs, other government regulatory programs and civil rights laws.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of PHI of inmates or patients under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**Research:** We may use and disclose your PHI for research purposes when an institutional review board or privacy board waives the requirement to obtain an individual authorization.

## Client Rights

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we are entitled to charge you for each page and per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If

you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us for a full explanation of our fee structure.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have a right to have this decision reviewed. Contact the HIPAA Compliance Officer if you have questions about access to your records.

**Breach of Unsecured Protected Health Information:** You have the right to be notified following a breach of your PHI. We will inform you of any instance in which a disclosure of your PHI meets the definition of a “breach.”

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Out of Pocket Payments:** If you pay out of pocket in full for services, you may request to restrict disclosures of your health information to your health plan.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (you must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Contact the HIPAA Compliance Officer if you have any questions about amending your medical record.

**Electronic Notice:** If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## Questions and Complaints

If you want more information about our privacy practices or have questions, concerns, or complaints, please contact our HIPAA Compliance Officer:

Tom Judd, LMSW, CBIS, Director of Quality Assurance  
Phone: (517) 455-0263 | Email: [tom.judd@origamirehab.org](mailto:tom.judd@origamirehab.org)  
Mail: 3181 Sandhill Road, Mason, MI 48854

You may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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