

PULMONARY REHABILITATION ASSOCIATES,LLC

In-Home Pulmonary Rehabilitation
Respiratory Therapy Consulting
Program Development Services

We give you back your life



www.pulmonaryrehab.com

Phone: (203)-378-5501
Fax: (203)-375-4000

HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of Pulmonary Rehabilitation Associates, LLC (PRALLC) to protect the privacy of your medical information.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. (PRALLC) is required to follow the terms of this notice until it is replaced. (PRALLC) reserves the right to change the terms of this notice at any time. If (PRALLC) makes changes to this notice, (PRALLC) will revise it and send a new notice to all patients treated by (PRALLC) at that time. (PRALLC) reserves the right to make the new changes apply to all your medical information maintained by (PRALLC) before and after the effective date of the new notice.

Purposes for which (PRALLC) May Use or Disclose Your Medical Information Without Your Consent or Authorization:

Health Care Providers' Treatment Purposes. For example, (PRALLC) may disclose your medical information to your doctor, at the doctor's request, for your treatment by him or her.

Health Care Operations. For example, (PRALLC) may use or disclose your medical information:

- To conduct quality assessment and improvement activities,
- To authorize business associates to perform data aggregation services,
- To engage in care coordination or case management, and
- To manage, plan or develop (PRALLC)'s business.

Health Services. (PRALLC) may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. (PRALLC) may disclose your medical information to its business associates to assist (PRALLC) in these activities.

As required by law. (PRALLC) may disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.

To Business Associates. (PRALLC) may disclose your medical information to business associates (PRALLC) hires to assist (PRALLC). Each business associate of (PRALLC) must agree in writing to ensure the continuing confidentiality and security of your medical information.

(PRALLC) may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to (PRALLC) to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.

- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.

Uses and Disclosures with Your Permission

(PRALLC) will not use or disclose your medical information for any other purposes unless you give (PRALLC) your written authorization to do so. If you give (PRALLC) written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information (PRALLC) maintains, unless (PRALLC) has taken action in reliance on your authorization.

Your Rights

You may make a written request to (PRALLC) to do one or more of the following concerning your medical information that (PRALLC) maintains:

To put additional restrictions on (PRALLC)'s use and disclosure of your medical information. (PRALLC) does not have to agree to your request.

To communicate with you in confidence about your medical information by a different means or at a different location than (PRALLC) is currently doing. (PRALLC) does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow (PRALLC) to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, (PRALLC) may give subscribers cost information.

To see and get copies of your medical information. In limited cases, (PRALLC) does not have to agree to your request.

To correct your medical information. In some cases, (PRALLC) does not have to agree to your request.

To receive a list of disclosures of your medical information that (PRALLC) and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2003).

To send you a paper copy of this notice if you received this notice by e-mail or on the internet.

If you want to exercise any of these rights described in this notice, please contact the Contact Office (below). (PRALLC) will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, (PRALLC) may charge you a nominal, cost-based fee to carry out your request.

Complaints

If you believe your privacy rights have been violated by (PRALLC), you have the right to complain to (PRALLC) or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with (PRALLC) at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with (PRALLC) or with the U.S. Department of Health and Human Services.

Contact Office

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Contact Office: Pulmonary Rehabilitation Associates, LLC

Telephone: 203-378-5501 *Fax:* 203-375-4000

E-mail: hipaa@pulmonaryrehab.com