

PRIVACY POLICY

Mercy Outpatient Rehabilitation Clinic Inc. Phone # (305) 949-5499 | 16459 NE 6th Ave North Miami Beach, FL 33162

The Health Insurance Portability and Accountability Act (HIPAA) requires that organizations that handle personal health information (both mental and physical) must ensure that the information will not be shared by name unless a client consents. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. The following Privacy Practices Notice explains this.

Your file may contain personal information about your health and/or the health of your child(ren). This information may identify you and relates to your past, present or future physical or mental health condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

How we may use and disclose health care information about you:

For Services: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with clinical supervisors or other team members. We may disclose PHI to any other consultant only with your authorization.

For Business Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., Council on Accreditation or other regulatory or licensing bodies) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law: Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

-Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department)

-Required by Court Order

-Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Your rights regarding your PHI: You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to **Mercy Outpatient Rehabilitation Clinic Inc. c/o Privacy Practice 16459 NE 6th Ave. North Miami Beach, FL 33162**

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about service provided (please refer to the Client's Rights document for further details).

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that we communicate with you about PHI matters.

Right to a Copy of this Notice. You have the right to a copy of this notice.

Complaints: If you believe we have violated your privacy rights, you have the right to file a complaint in writing to address mentioned above. We will not retaliate against you for filing a complaint. The effective date of this Notice is March 14, 2018.