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NOTICE OF PRIVACY PRACTICE

This notice describes how medical information about you may be used and disclosed. It also informs you how you can obtain access to this information.

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payments: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided and the medical condition being treated.

Healthcare Operations: Your health information may be used as necessary to support day-to-day activities and management of Jeter Rehab Services, Inc. For example, information on the services that you received may be used to support budgeting and financial reporting. Additionally, this information may be used to evaluate and promote quality of care.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example we are required to report certain communicable diseases to State Health Department.

Other uses and Disclosures Require your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Appointment Reminders: Your health information may be used by our staff to call or send you appointment reminders. If you have an answering service or voicemail and you do not want us to leave a message notifying you of your appointment, please put that in writing for our office.

Individual Rights Under Federal Privacy Standards:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom our protected information has been disclosed.
- The right to receive a printed copy of this notice.

Signature of Patient

Date

Patient Name (Print)