

NOTICE OF HEALTH INFORMATION PRACTICES

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

Introduction

At Therapy Unlimited, LLC we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective July 1, 2013 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Therapy Unlimited, LLC a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of this state and the nation;
- A source of data for our planning and marketing; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Therapy Unlimited, LLC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request;
- Inspect and copy your health record as provided for in 45 CFR 164.524;
- Amend your health record as provided in 45 CFR 164.528;

- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- Request communications of your health information by alternative means or at alternative locations;
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Therapy Unlimited, LLC is required to:

- Maintain the privacy of your health information;
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by an aide, therapist, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your therapist will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication With Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Appointment Reminders: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

The Right to Obtain a Paper Copy of This Notice. Upon request, you have a right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

The Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the U.S. Secretary of Health and Human Services. If you wish to file a complaint with Therapy Unlimited, LLC, you may do so using the contact information below. You will not be penalized for filing a complaint.

How to Contact Us. If you have any complaints or questions about this Notice, or you want to submit a written request to Therapy Unlimited, LLC as required in any of the previous sections of this Notice, please write to us at the address below:

Attention: Susan Osenko

Address: Therapy Unlimited, LLC
44125 W. Twelve Mile Road
Novi, MI 48377

ACKNOWLEDGMENT OF RECEIPT

The undersigned Patient does hereby acknowledge having received a copy of this Notice.

Dated: _____

By: _____
(Patient's Signature)