



Notice of Information Practices

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.

A. Understanding Your Health and Rehabilitation Record Information

1. Each time you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:
 - 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 that you received.
 - Means by which you or a third-party payer can verify that you actually received the services billed for.
 - Tool in medical education.
 - Source of information for public health officials charged with improving the health of the regions they serve.
 - Tool to assess the appropriateness and quality of care that you received.
 - Tool to improve the quality of health care and achieve better patient outcomes.
2. Understanding what is in your health records and how your health information is used helps you to--
 - Ensure its accuracy and completeness.
Understand who, what, where, why, and how others may access your health information.
 - Make informed decisions about authorizing disclosure to others.
 - Better understand the health information rights detailed below.

B. Your Rights under the Federal Privacy Standard

1. Although your health records are the physical property of the health care provider who completed it, you have the following rights with regard to the information contained therein:
 - Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that

you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the limited circumstance identified below. If we do agree to a restriction, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations.

- We must agree to a request to restrict disclosure of your protected health information to a health plan, if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the protected health information pertains solely to a health care item or service for which you (or someone on your behalf) has **paid for in full**.
 - Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
 - Receive confidential communications of your protected health information. You may request to receive such communications by alternative means or at alternative locations. (E.g., a work phone number). We may require written requests. We must accommodate your request if it is reasonable and you clearly state that disclosures of all or part of the information to which the request pertains, if not restricted, would endanger you. We will not require you to provide an explanation of the basis for your request as a condition of providing such communications to you.
 - Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You **DO NOT** have a right of access to the following:
 - Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
 - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
2. In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed healthcare professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
 - PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
 - The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.
3. For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.
 4. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.
 5. You also have the right to request an amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.
 6. If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.
 - Obtain an accounting of **nonroutine** uses and disclosures, those **other** than for treatment, payment, and health care operations. We **do not** need to provide an accounting for the following disclosures:
 - To you for disclosures of protected health information to you.
 - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).

- To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - That occurred before April 14, 2003.
7. We must provide the accounting within 60 days. The accounting must include the following information:
- Date of each disclosure.
 - Name and address of the organization or person who received the protected health information.
 - Brief description of the information disclosed.
 - Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.
8. The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.
- Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

C. Our Responsibilities under the Federal Privacy Standard

1. In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:
- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
 - Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
 - Abide by the terms of our notice of information practices currently in effect.
 - Train our personnel concerning privacy and confidentiality.
 - Implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies with regard thereto.
 - Inform you of and mitigate (lessen the harm of) any breach of privacy/confidentiality.
2. We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. Additionally, Federal law requires an authorization for any disclosure of psychotherapy notes (to another medical provider), most instances of marketing, and for any sale of protected health information.

D. How to Get More Information or to Report a Problem

If you have questions, would like to file a complaint, or request additional information, you may contact the Director of Rehabilitation, Vice President(s), or Executive Vice President(s) as follows:

Bakersfield, CA	661-872-3408
Encino, CA	818-783-3800
Dallas, TX	972-580-8500
Emeryville, CA	510-318-8600

You will not be retaliated against for filing a complaint.

E. Examples of Disclosures for Treatment, Payment, and Health Operations

1. *If you give us consent, we will use your health information for treatment.*

Example: A physician, a physician's assistant, a therapist or a counselor, a nurse, or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other health care professionals, or a subsequent health care provider copies of your records to assist them in treating you once we are no longer treating you.

2. *If you give us consent, we will use your health information for payment.*

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

3. *If you give us consent, we will use your health information for health operations (See also 15 for additional uses).*

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

4. *Business associates:* We provide some services through contracts with business associates.

Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information.

5. *Notification:* We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.
6. *Communication with family:* Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.
7. *Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
8. *Marketing/continuity of care:* 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.

9. *Food and Drug Administration (“FDA”)*: We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.
10. *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.
11. *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.
12. *Law enforcement*: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
13. *Health oversight agencies and public health authorities*: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS THAT YOU HAVE GIVEN US.

14. *The federal Department of Health and Human Services (“DHHS”)*: Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.
15. *Other Health Operations*: Your health information is used through out the facility to identify your records, identify your treatment plans, identify your schedule of treatment in the facility, identify your medical appointments, identify your participation in outings, identify your equipment or clothing, identify your medication and food, and to identify your presence in the facility or out of the facility (patient sign-out log). Your name will be used in each instance to identify you in the above named written documents, records, schedules, forms and health operations communications. Additionally, your name may be used over the intercom to notify employees of your treatment, or attendance at meetings or conferences regarding you, and your name may be used throughout the facility in discussing your treatment, condition, conference, or other circumstances. Your picture or likeness may be used by an employee to identify you in your records and to identify you when communicating with other employees. This identifying information is used throughout the facility (this identifying information consists mainly of your name and picture or likeness) and may be seen by other patients, their family members and/or representatives, their visitors, contractors that provide services to the facility, other health care providers visiting the facility, potential patients and their family members and/or representatives that may be touring the facility, insurance company contractors, employees and representatives, attorneys representing various parties, government employees or representatives, and members of the general public that may be present for various reasons.

Examples: While you are present in our facility any of the above named individuals or groups may see you in the facility and reasonably conclude that you are a patient of the facility because you are receiving treatment from any of our employees, your name is on a binder, a schedule, a list, a medical appointment list, an outing list, a patient sign out log, equipment, a fax, medication or food, or called over the intercom. Your name is used throughout the facility to insure that you are provided the appropriate therapies, you are taken to your medical appointments, you are given your prescribed medications, the clothing and equipment is yours, that you participate in outings, and that we can determine your whereabouts. Information use by the facility, facility employees and facility contractors may be seen by others while they are in the facility for various reasons.

16. *Disclosure to previous healthcare provider:* As part of our business practices, your progress at CNS may be discussed with the source of your referral to CNS or previous healthcare provider who may be concerned about your progress at CNS. We may need to communicate regarding your previous providers' treatment plan to ensure consistency, and to provide for continuity of treatment when you are returning home to the same providers. We may also use information to educate the providers regarding our capabilities and progress that may be made with certain types of injuries.

Effective date: July 29, 2014

Signature: _____
Nicholas Ashley

Title: General Counsel

Name of entity: CENTRE FOR NEURO SKILLS

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(Detach and return to CNS)

I acknowledge that have been provided a copy of this Notice of Information Practices dated July 29, 2014.

Patient Name: _____ Signature: _____ Date: _____

Guardian / Next
of Kin Name : _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____