

Rights Regarding Health

Effective July 1, 2007

You have the following rights regarding health information we maintain about you:

Right To Inspect And Copy: You have a right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, the Center will review your request and denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right To Amend: If you believe health information we have about you is inaccurate, misleading, incomplete or violates your rights, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information. The Center has 30 days to decide whether or not to honor your request. If, after the review of the request, the Center decides the information is inaccurate, misleading, incomplete, or otherwise in violation of your privacy rights it shall amend the record accordingly and inform you in writing. If the Center decides to refuse to amend the information in accordance with the request, it shall inform you of the refusal, and advise you of your right to a hearing conducted by the Center.

Right To An Accounting Of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for the purposes other than treatment, payment and health care operations. To obtain this list you must submit your request in writing to our Medical Records Clerk. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

Right To Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, we may assume you agree to our disclosure of your private health information to your spouse when you bring your spouse with you into the gym during treatment or while treatment is discussed. The intake coordinator will discuss any restriction on your health information upon admission. Any future restrictions or modifications can be discussed with your service coordinator. Your request for restriction or limitation on your health information will be maintained in your medical record.

We Are Not Required To Agree To Your Request, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right To Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Right To A Paper Copy Of This Notice: You have a right to a paper copy of this notice. A paper copy of this notice is included in your Client Handbook. If you require an additional copy of this notice, speak with the front desk receptionist or your service coordinator.