

Reliant, Inc.
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access or obtain this information.

If you have any questions or concerns, you may contact our Privacy Officer:

Designated Privacy Official - R. Adam Bell
3825 Highway 80 East
Pearl, MS 39208
601-939-3030
www.ReliantPT.com

1. How Reliant, Inc May Use and Disclosure your Protected Health Information

The following are examples of the types of uses and disclosures of your protected health care information that Reliant, Inc. staff are permitted to make *even if you have not signed a consent form*. These examples are not all inclusive but they are intended to describe the types of uses and disclosures that may be made by Reliant staff in the course of treatment, payment, or for health care operations involving a present *or past* relationship.

Treatment: Reliant will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan, third party administrator of your health insurance plan, Medicare, Medicaid or other payor source may undertake before it approves or pays for the health care services you have received, or Reliant has recommended or provided to you. For example, obtaining approval for certain health care services may require that your relevant protected health information be disclosed to the Facility's staff (physicians, nurses, CNAs) if you are a resident/patient or, if you are a Reliant employee, disclosures may be made to Reliant's Human Resources Department, to the third party administrator of your health plan, and/or to representatives of Medicare or Medicaid. Disclosures to obtain payment under a contract for reinsurance explicitly are permitted as part of the definition of payment. Collection agencies, as a business associate of a covered entity, are permitted to contact persons other than the individual to whom health care is provided as necessary to obtain payment for such services.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of Reliant. These activities include, *but are not limited to*, quality assessment activities, employee review activities, workers' compensation reporting and tracking activities, compliance with federal and/or state disability legal requirements, training of students pursuing their degrees in therapy, licensing, marketing activities (as permitted by law), and conducting or arranging for other business activities.

For example, we may disclose your protected health information to students that see patients as part of their student internship training with Reliant or medical students who may be under contract with the Facility. In addition, we may maintain a white board and/or document in the therapy room that indicates your name and certain limited information about the therapy services you are receiving. We may also call you by name in the room where you are receiving therapy services and discuss your treatment while other individuals are in the room who do not have a treatment relationship with you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your scheduled times for therapy services or scheduled appointment with a physician, health care provider, or case manager in the event of a work-related injury or illness. We may use or disclose your protected health information to determine your eligibility for FMLA leave or fitness for duty. We will share your protected health information with third party "business associates" that perform various activities for Reliant (i.e. billing, independent contractors who provide therapy services, third party administrators and brokers involved with our health plan). Whenever an arrangement between Reliant and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may use your health information to determine whether or not you would be a good candidate for a health enrichment program and we may contact you about participating in that program. We may also use and disclose your protected health information for other marketing activities. For example, if you consent in a face-to-face communication, or via a written consent form, your name and photograph may be displayed at the Facility in which you live to document your successful completion of therapy services.

We may share protected health information with third party administrators, insurance agents or brokers, and reinsurance companies, for purposes of soliciting bids, ceding, securing, or placing a contract for health insurance or related benefits products and/or reinsurance of risk relating to claims for health care.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, *unless otherwise permitted or required by law* as described in this Notice of Privacy Practices. You may revoke this authorization, at any time, *in writing*, except to the extent that Reliant or a Reliant staff member has taken an action in reliance on the use or disclosure indicated in the authorization. Written requests for revocation of an Authorization may be made to Reliant's Privacy Officer and sent to the address listed above in this Notice of Privacy Practices.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following situations. You may agree, or communicate your objection, to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then Reliant staff may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If your health care provider is required by law to treat you and the health care provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information if your health care provider attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the health care provider determines, using professional judgement, that you intend to consent to the use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Facility, and (6) medical emergency (not on the Facility's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for organ, eye or tissue donation purposes.

Research: We may disclose your protected health 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 protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are or were members of the Armed Forces (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers' Compensation/OSHA Reporting: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and state or federal mandated programs (i.e. OSHA reporting requirements).

Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that Reliant uses to make decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have a decision to deny access reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Reliant is not required to agree to a restriction that you may request. If Reliant believes it is in your best interest to permit use and disclosure of your protected health information or your requested restriction would interfere with some or all of the uses and disclosures permitted by law, your protected health information will not be restricted. If Reliant does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You may request a restriction by sending a signed and dated written request, outlining the parameters of the requested restriction(s), along with contact information (name, telephone number(s), and address) where the Privacy Officer may reach you to discuss any questions or concerns that the Privacy Officer may have and ultimately where the Privacy Officer may communicate Reliant's decision regarding the requested restriction.

Please send the written requests to:

Reliant, Inc.
Attention: Privacy Officer
3825 Hwy 80 East
Pearl, MS 39208

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to request that Reliant amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred **after April 14, 2003**. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Privacy Officer of your complaint. *We will not retaliate against you for filing a complaint.*

You may contact our Privacy Officer at **(601) 939-3030** or write to the address indicated above for further information about the complaint process.