

Aquatic Health & Rehabilitation Services, Inc.

7185 Murrell Rd, Suite 101
Viera, FL 32940
Phone: 321-775-0406

595 N Courtenay Pkwy, #203
Merritt Island, FL 32953
Phone: 321-453-8484

5360 N Atlantic Ave
Cocoa Beach, FL 32931
Phone: 321-799-8450

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 [HIPAA], this notice describes how information about you may be used and disclosed and how you can have access to the information. Please review it carefully.

Our Commitment to your privacy

AHRS is committed to maintaining the privacy of your protected health information [PHI]. IN operating this practice, we will create records regarding you and the treatments/services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following information:

- 1) How we may use and disclose your PHI
- 2) Your privacy right to your PHI
- 3) Our obligation concerning the use and disclosure of your PHI

Understanding what is in your healthcare record and how your PHI is used helps to ensure its accuracy to better understand who, what, when, where and why others may access your PHI in order to make more informed decisions when authorizing disclosures to others. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice created or maintained in the past, and for any of your records that we may create in the future. Our practice will post a copy of our current Notice in our offices in a location visible at all times and you may request a copy of our most current Notice at any time.

Your Rights Regarding your PHI

Your medical record is the property of Aquatic Health & Rehabilitation Services, Inc. [AHRS]. You have the following rights regarding medical information we maintain about you:

Confidential Communications: You have the right to request that our practice communicate with you about your health and related issues in a particular manner or certain location, such as contacting you at home instead of work. In order to request a type of confidential communication, you must complete our "Patient Record of Disclosure" form. Our practice will accommodate all reasonable requests. You do not need to give a reason for your request.

Right to Request Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. You also have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make a written request to Lynne Martin, Office Manager. Your request must clearly describe the following:

- 1) The information you wish restricted
- 2) Whether you are requesting to limit our practice's use, disclosure or both; and
- 3) To whom you want the limits to apply

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about your care including patient medical records and billing records. You must submit your request in writing to Lynne Martin, Office Manager, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

Right to Amend: If you feel that the medical information we have about you is incorrect or incomplete, you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request must be made in writing and submitted to Lynne Martin, Office Manager. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that in our opinion: is accurate and complete, not part of the PHI kept for the practice, not part of the PHI which you would be permitted to inspect and copy or not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Right to Accounting of Disclosures: All of our patients have the right to request an "Accounting of Disclosures". An "Accounting of Disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. This situation occurs when the therapist shares information with the other therapists for your medical care, or the billing department using your information to file your insurance claim. In order to obtain a non-routine "Accounting of Disclosures", you must submit your request in writing to Lynne Martin, Office Manager. All requests for an "Accounting of Disclosures" must state a time period, which may not be longer than five [5] years from the date of disclosures and not include dates before April 1, 2003. Our practice may charge you for the generation of these lists and you may withdraw your request before you incur any costs.

Right to Receive a Copy of this Notice: You are entitled to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, please contact Lynne Martin, Office Manager.

Change of this Notice: This Notice is subject to change at any time without notice. However, you may ask for a paper copy of the changed notice at any time.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact Lynne Martin, Office Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Requirement to Retain Records: We are required to retain records of your care for five [5] years.

Aquatic Health & Rehabilitation Services, Inc.'s Responsibilities

We understand that medical information about you and your health is personal. We are committed to protecting your PHI. We create a record of the care and service you receive at our practice to provide you with quality care and to comply with certain legal requirements. We may use and disclose your PHI in the following ways:

Treatment: Our practice may use your PHI to provide you with medical treatment or services. All of the people who work for our practice may use or disclose your PHI in order to treat you or assist others in your treatment. We may also disclose your PHI to other health care providers for purposes related to your treatment. We may also disclose your PHI to those who may be involved in your medical care after you leave the practice, such as family members, clergy or others we use to provide services that are part of your care.

Payment: Our practice may use and disclose your PHI in order to bill and collect payments for services rendered to you. We may contact your health insurance company to certify that you are eligible for benefits and we may provide your insurer with details regarding payment from third parties that may be responsible for such costs, such as family members. We may also use your PHI to bill you directly for services. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations: Our practice may use and disclose your PHI to operate our practice. These uses and disclosures are necessary to evaluate the performance of our staff. We may also be required to combine medical data about our patients and services to decide if additional services should be offered at AHRS. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We may remove information that identifies you when your PHI is used as part of a study of health care and health care delivery.

Appointment Reminders: Our practice may use and disclose your PHI to contact you and remind you of an appointment for treatment or medical care.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of benefit to you.

Health Related Benefits and Services: We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Disclosures Required by Law: Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

Disclosing PHI under Special Circumstances:

AHRS may be required to disclose your PHI under special circumstances such as, but not limited to the following:

Public Health Risk: Our practice may disclose your PHI to public health authorities that we are authorized by law to collect information for the purpose of:

- Notifying individuals if a product or device that might be using has been recalled.
- Notifying the appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- Notification of exposure to disease or risk of contracting or spreading disease.
- Notifying your employer under limited circumstances related primarily to medical excuses to be out of work due to appointments.

Health Oversight Activities: Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil; administrative, and criminal procedures or actions; or other activities necessary for the government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings: Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or lawful process by another party involved in the dispute.

Law Enforcement: We may release your PHI if asked to do so by a law enforcement official regarding criminal conduct at our office or in response to a warrant, court order, subpoena or similar legal process.

Military and Veterans: If you are a member of the armed forces, we may release your PHI as required by military command authorities.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement as necessary to facilitate organ or tissue donation.

Coroners, Medical Examiners and Funeral Directors: We may release your PHI to a coroner or medical examiner to identify a deceased person or to determine cause of death. We may also release your PHI to funeral directors as necessary to carry out their duties.

Other Medical Information:

Other uses and disclosure of your PHI not covered by this notice or the applicable laws will be made only with your written permission. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing at any time giving specific reasons as to why you are making such a request. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written request. In doing so, you must understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of care provided to you.

If you have any questions regarding this notice or our health information privacy policies, please contact Lynne Martin, Office Manager, at 321-453-8484.

Any written requests should be addressed to:

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595 North Courtenay Pkwy #203
Merritt Island, FL 32953

Attn: Office Manager