



Notice of Privacy Practices

Health Information Portability and Accountability Act Regulations (HIPAA)

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.

Disclosure:

- Your medical information may be shared with other health care providers at Nazareth College School of Health and Human Services in order to provide a continuum of quality care for providers to perform their assigned tasks.
- We may disclose health information about you for treatment, payment, and operations. We may disclose your Protected Health Information (PHI) in order to operate your health care delivery system. We may also disclose your PHI to health care professionals involved in your care.
- We may also disclose PHI for administrative purposes and to evaluate the quality of care that you receive.
- Your health information may be released without your authorization for public health purposes and for emergencies on an urgent "need to know" basis.
- Data and demographic information that does not identify any individual(s) may be use for research purposes.

Individual Rights:

- You have the right to receive a current copy of the Notice of Privacy Practices upon request.
- Any record, paper or electronic, that contains Protected Health Information on a client is treated as strictly confidential.
- Most uses and disclosures of your health information will be made only with your written authorization to release the information and to whom the information will be released. If you sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop any future disclosures.
- You have the right to request restrictions on uses or disclosures. We will consider your written request but are not legally required to accept it.
- You have the right to receive confidential communications upon written request.
- You have the right to access and to copy personal protected health information generated by Nazareth College Wellness and Rehabilitation Institute upon reasonable written request.
- You have the right to amend PHI. You have the right to request that we correct the existing information or add the missing information upon written request.
- You have the right to receive an accounting for disclosures of PHI upon request.
- You have the right to request a second opinion from other clinicians or outside practitioners.

Our Legal Duty

We are required by the law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. We may change the terms of this notice and our privacy policies at any time. Before we make any important changes to our policies, we will promptly change our notice and post the new notice in the waiting room and treatment room. From more information about our privacy practices, contact the Program Director/Chair.

Complaints

If you believe that your privacy rights have been violated, or you disagree with a decision we make about access to your records, you may contact the Program Director/Chair. You may also send a written complaint to the Office of Civil Rights in the U.S Department of Health and Human Services. The Clinic Director can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact:

- Clinical Supervisor or Instructor
- Clinic Director or Manager
- Program Director/Chair
- Dean of the School of Health and Human Services
- Director of WRI.

I acknowledge that I have read this Notice of Privacy Practices:

Client's Signature: _____ Date: _____

Client Representative: _____ Date: _____

Relationship: _____

Witness: _____ Date: _____

Relationship: _____