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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 HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAYBE USED AND DISCLOSED, AND HOW TO GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS CAREFULLY.

A. USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION (PHI):

The following categories describe ways in which we may use and disclose your PHI:

1. **TREATMENT PURPOSES.** Your PHI will be used and disclosed to provide, coordinate, or manage your healthcare and related services. Your PHI may be disclosed to assist others in your treatment, and may be disclosed to those who may take part in your care, including your partner, children, parents, or other healthcare providers.
2. **PAYMENT.** We may use and disclose PHI in order to bill and collect payment for the services that you receive from us. We may also use your PHI to obtain payment from other third parties and to bill you directly for services or supplies, as applicable.
3. **HEALTH CARE OPERATIONS.** We may use and disclose your PHI for business operations such as, quality assessment or employee review activities. We may use your PHI to discuss information with you regarding other treatment options or health-related services. Your PHI could be used for marketing, such as to send you a newsletter. You may request that we not send such materials to you.
4. **RELEASE OF INFORMATION TO FAMILY/FRIENDS.** We may release your PHI to a family member or friend who is involved in your care.
5. **DISCLOSURES REQUIRED BY LAW.** We may disclose PHI in instances by law, such as:
 - a. Public Health Authorities
 - b. Health Oversight Agencies
 - c. Legal Proceedings
 - d. Law Enforcement
 - e. Abuse or Neglect
 - f. Food and Drug Administration
 - g. Military Activity and National Security
 - h. Inmates
 - i. Workers' compensation
 - j. Coroners, Funeral Directors, and Organ Donation
 - k. Health and Human Services
6. **OTHER INSTANCES IN WHICH PERMITTED AND REQUIRED USES AND DISCLOSURES MAY BE MADE WITH YOUR CONSENT OR OPPORTUNITY TO OBJECT:**
 - a. **EMERGENCIES.** In an emergency treatment situation, we will try to obtain your consent as soon as is reasonable. If a provider is required by law to treat you and is unable, he or she may still use your PHI to treat you.



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- b. **COMMUNICATION BARRIERS.** If we are unable to obtain your consent due to substantial communication barriers, we may use or disclose your PHI if it is determined that you intend to give you consent.
- c. **OTHERS INVOLVED IN YOUR HEALTHCARE.** Unless you object, we may disclose your PHI to a relative or friend who is involved in your healthcare. If you are unable to object, we may disclose information if it is determined to be in your best interest. We may also disclose information to an authorized public or private entity.

- 7. **USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION.** Any uses or disclosures of PHI, other than for the reasons stated in A1-5 above, will be made only with your written authorization. You can revoke this authorization at any time, except in the case that your provider's practice has taken an action in reliance on the authorization.

B. YOUR RIGHTS REGARDING YOUR PHI:

- 1. You have a right to request, in writing that we communicate with you about your health issues in a particular manner or a certain location. We will accommodate requests as deemed reasonable.
- 2. You may request that we not use or disclose part of your PHI for purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends for purposes of notification, or who are involved in your care.*
- 3. You have a right to inspect and copy your health care record (with some restrictions). We may charge a small fee for costs incurred.
- 4. You may request that your PHI be amended.*
- 5. You have the right to receive a copy of this notice.
- 6. You have the right to receive an accounting of any disclosures we may have made, if any, of your PHI for purposes other than treatment, payment, and healthcare operations that occurred after 04/14/2003. The first request in a 12-month period is free of charge. Any additional requests in the same period may be subject to a small fee.
- 7. You may direct a complaint to us or to the Secretary of Health and Human Services if you feel we have violated your privacy rights.