



## **HIPAA NOTICE OF PRIVACY PRACTICES**

**Marden Rehabilitation Associates, Inc.**

**Marden Rehabilitation Associates of Ohio, Inc.**

**Marden Rehabilitation Associates of West Virginia**

**Health Care Plus**

**Preferred Care Plus, Inc.**

**Marden Physician Services, Inc.**

**Marden Rehabilitation Services, Inc.**

**THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*Effective Date: April 14, 2003*

**If you have any questions about this notice, please contact our Privacy Coordinator at 1-800-937-2597.**

### **WHO WE ARE.**

Marden Rehabilitation Associates, Inc. and its subsidiary companies (The Marden Companies) provide medical rehabilitation, home health, and private duty services. With a variety of organizations combined under one entity with common management, we provide continuity of quality care.

We operate outpatient therapy clinics, provide home health services to qualified patients, and furnish private medical services. You are, or may be considering, becoming one of our valued clients. As such, one of our companies, who services patients with your particular needs, is poised to provide your care. You may be treated at an outpatient clinic or at your place of residence.

The Marden Companies are designated as a single affiliated covered entity (ACE) for HIPAA purposes. Therefore, any Marden Company that provides service to you follows the same Privacy Practices. Regardless of which Marden Company provides your care, contacting us regarding our Privacy Practices is simple and the same for all patients. If you have any question about this Notice, or your desire to contact us about your rights under this Notice, please contact our Privacy Coordinator at 1-800-223-9519 or write us at the places and by the methods that appear in this Notice.

### **WHO WILL FOLLOW THIS NOTICE.**

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart;
- Any member of a volunteer group we allow to help you while you are in our care;
- All employees, staff and other personnel;
- Marden Rehabilitation Associates, Inc.**, a health care management company;
- Marden Rehabilitation Associates of Ohio, Inc.**, a Medicare certified rehabilitation agency;
- Marden Rehabilitation Associates of West Virginia**, a Medicare certified rehabilitation agency;
- Health Care Plus**, a Medicare certified home health agency;
- Preferred Care Plus, Inc.**, specializing in private duty nursing;
- Marden Physician Services, Inc.**, a professional medical practice;

- ❑ **Marden Rehabilitation Services, Inc.;** and
- ❑ All departments, units and subsidiaries of our Provider entities, which are written in **bold** above.

All the entities written in **bold** above follow the terms of this Notice at each service location. In addition, these entities, sites and locations may share health care information with each other for treatment, payment or operational purposes described in this Notice.

### **OUR PLEDGE REGARDING HEALTH CARE INFORMATION.**

We understand that health care information about you and your health is personal. We are committed to protecting health care information about you. We create a record of the care and services you receive with us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by us, whether made by our personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health care information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose health care information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health care information.

We are required by law to:

- ❑ Make sure that health care information that identifies you is kept private;
- ❑ Give you this Notice of our legal duties and privacy practices with respect to health care information about you; and
- ❑ Follow the terms of the Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose health care information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Our use and disclosure of your health care information will not be broader than that described in this Notice, but it may be further restricted in the event state law is more protective of disclosure of health care information.

- ❑ **For Treatment.** We may use health care information about you to provide you with health care treatment or services. For example, we may disclose health care information about you to doctors, nurses, therapists, technicians, aides, students, or other Company personnel who are involved in taking care of you. Different departments also may share health care information about you in order to coordinate the different things you need, such as various nursing and therapy services. We also may disclose health care information about you to people outside the Company who may be involved in your health care during or after you leave our care, such as doctors, family members, a facility that manages your place of residence on your behalf, such as an Assisted Living Facility, or others we use to provide services that are part of your care.
- ❑ **For Payment.** We may use and disclose health care information about you so that the treatment and services you receive may be billed and payment collected from you, an insurance company or a third party. For example, we may need to give your health plan information about therapy or nursing services you received from us so your health plan will pay us or reimburse you for the therapy or nursing services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- ❑ **For Health Care Operations.** We may use and disclose health care information about you for our operations. These uses and disclosures are necessary to run our various provider entities, such as our rehabilitation agency that operates outpatient therapy clinics or our home health agency that provides Medicare home health services, and make sure that all of our patients receive quality care.

For example, we may use health care information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health care information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, technicians, aides, students and other Company personnel for review and learning purposes. We may also combine the health care information we have with health care information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health care information so others may use it to study health care and health care delivery without learning the identity of any specific patient.

- ❑ **Appointment Reminders.** We may use and disclose health care information to contact you as a reminder that you have an appointment with us.
- ❑ **Treatment Alternatives.** We may use and disclose health care information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ❑ **Health-Related Benefits and Services.** We may use and disclose health care information to tell you about health-related benefits or services that may be of interest to you.
- ❑ **Individuals Involved in Your Care or Payment for Your Care.** We may release health care information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are our patient. In addition, we may disclose health care information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- ❑ **Research.** Under certain circumstances, we may use and disclose health care information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one type of treatment to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health care information, trying to balance the research needs with patients' need for privacy of their health care information. Before we use or disclose health care information for research, the project will have been approved through this research approval process, but we may, however, disclose health care information about you to people preparing to conduct a research project, for example, to help them look for patients with specific health care needs, so long as the health care information they review does not leave our control. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care with us.
- ❑ **As Required By Law.** We will disclose health care information about you when required to do so by federal, state or local law.
- ❑ **To Avert a Serious Threat to Health or Safety.** We may use and disclose health care information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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### **SPECIAL SITUATIONS.**

- ❑ **Military and Veterans.** If you are a member of the armed forces, we may release health care information about you as required by military command authorities. We may also release health care information about foreign military personnel to the appropriate foreign military authority.

- ❑ **Workers' Compensation.** We may release health care information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ❑ **Public Health Risks.** We may disclose health care information about you for public health activities. These activities generally include: (1) To prevent or control disease, injury or disability; (2) To report births and deaths; (3) To report child abuse or neglect; (4) To report reactions to medications or problems with products; (5) To notify people of recalls of products they may be using; (6) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (7) To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence - We will only make this disclosure if you agree or when required or authorized by law.
- ❑ **Health Oversight Activities.** We may disclose health care information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ❑ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health care information about you in response to a court or administrative order. We may also disclose health care information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ❑ **Law Enforcement.** We may release health care information if asked to do so by a law enforcement official: (1) In response to a court order, subpoena, warrant, summons or similar process; (2) To identify or locate a suspect, fugitive, material witness, or missing person; (3) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) About a death we believe may be the result of criminal conduct; (5) About your criminal conduct while in our care; and (6) In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ❑ **Coroners, Health Care Examiners and Funeral Directors.** We may release health care information to a coroner or health care examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health care information about our patients to funeral directors as necessary to carry out their duties.
- ❑ **National Security and Intelligence Activities.** We may release health care information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ❑ **Protective Services for the President and Others.** We may disclose health care information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ❑ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health care information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING HEALTH CARE INFORMATION ABOUT YOU.

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

- ❑ **Right to Inspect and Copy.** You have the right to inspect and copy health care information that may be used to make decisions about your care. Usually, this includes health care and billing records, but does not include psychotherapy notes. To inspect and copy health care information that may be used to make decisions about you, you must submit your request in writing to our Privacy Coordinator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health care information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- ❑ **Right to Amend.** If you feel that health care information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. We will respond to any amendment requests within sixty days of their receipt. To request an amendment, your request must be made in writing and submitted to our Privacy Coordinator. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) Was not created by us, or if the person or entity that created the information is no longer available to make the amendment; (2) Is not part of the health care information kept by or for us; (3) Is not part of the information which you would be permitted to inspect and copy; or (4) Is accurate and complete.
- ❑ **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 health care information about you. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Coordinator. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- ❑ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health care 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 care information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about therapy services you received or home care services you had. ***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. To request restrictions, you must make your request in writing to our Privacy Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse, either current or ex. If we agree to your request, the restrictions will only apply after we have received, evaluated and agreed to your request. You 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 the care that we provided to you.
- ❑ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health care 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. We cannot assure your privacy for e-mail communications and fax transmittals. We will however correspond with you in those ways if you so request. To request confidential communications, you must make your request in writing to our Privacy Coordinator. We will not ask you the reason for your request. We

will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ❑ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, <http://www.mardencompanies.com>. You may obtain a paper copy of this Notice at your service location or from one of our healthcare professionals. You may also contact our Privacy Coordinator, and a copy of this Notice will be promptly forwarded to you.
  
- ❑ **Contacting Us.** If you need to contact us regarding this Notice including your (1) Right to Inspect and Copy, (2) Right to Amend, (3) Right to an Accounting of Disclosures, (4) Right to Request Restrictions, (5) Right to Request Confidential Communications, and/or (6) Right to a Paper Copy of this Notice, please write us in accordance with the guidelines above at: **Privacy Coordinator, The Marden Companies, 200 Putnam Street, Suite 800, P.O. Box 941, Marietta, OH 45750.** You may fax your written request to 1-800-937-2648. Please place a cover sheet on your facsimile transmission directing it to our Privacy Coordinator. You may contact us electronically by sending e-mail to [privacy@mardencompanies.com](mailto:privacy@mardencompanies.com). Kindly understand that if your e-mail is not encrypted, others may view it when you send it to us. In all requests, please include your: (1) name, (2) address, (3) date of birth, (4) phone number, (5) Marden provider entity (Marden Rehabilitation, Health Care Plus, Preferred Care Plus, Marden Physician Services), and (6) location of service. For your convenience, easy to complete forms are available from us. To obtain the appropriate form, please ask your Marden health care professional, the administrative staff at your service location, or contact our Privacy Coordinator. The forms are also posted, along with this Notice, at our website.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health care information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at all of our locations or provide one directly to you if we furnish your health care at your residence. The Notice will contain on the first page, near the top middle, the Effective Date. In addition, each time you register at or are admitted as a patient for treatment or health care services as home care patient or an outpatient, we will offer you a copy of the current Notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the provider or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please write to the Privacy Coordinator. Again, we can supply you with easy to complete forms. **You will not be penalized for filing a complaint.**

### **OTHER USES OF HEALTH CARE INFORMATION.**

Other uses and disclosures of health care information not covered by this Notice or the laws that apply to us will be made only with your written permission of Authorization For Release of Health Care Information. If you provide us permission to use or disclose health care information about you for those other purposes, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health care information about you for the reasons covered by your written authorization. You 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 the care that we provided to you. Federal guidelines have established specific rules regarding what your authorization must contain in order for us to consider it valid. We have developed a form to assist you in providing the minimum necessary requirements when authorizing the release of health care information. To obtain the appropriate form, please ask your Marden health care professional, the administrative staff at your service location, or contact our Privacy Coordinator. The forms are also posted, along with this Notice, at our website.



**PATIENT ACKNOWLEDGEMENT**

**HIPAA NOTICE OR PRIVACY PRACTICES**

INSTRUCTIONS: *Each time* a patient is registered for health care services, they are to be provided a copy of our HIPAA NOTICE OF PRIVACY PRACTICES (Notice), even if they have previously been our patient. The patient is to complete this form to acknowledge his or her receipt of the Notice at registration. This copy of the Acknowledgement is to be filed in the patient chart. A duplicate copy of the Acknowledgment is to be forwarded to the Privacy Coordinator.

SERVICE PROVIDER (Please check one):

- Marden Rehabilitation Associates of Ohio, Inc. (Outpatient Therapy Service)
- Marden Rehabilitation Associates of West Virginia (Outpatient Therapy Service)
- Health Care Plus (Home Health Agency)
- Preferred Care Plus (Private Duty)
- Marden Physician Services, Inc. (A Professional Medical Practice)

(Patient Name – Please Print) \_\_\_\_\_ here by acknowledges that I have received the above-indicated provider’s HIPAA NOTICE OF PRIVACY PRACTICES.

**PLEASE SIGN AND DATE THIS FORM**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**For Company Use Only**

Patient Received Notice (Please check one):  Yes  No

Patient Acknowledged Receipt (Please check one):  Yes  No

If “No”, state reason patient declined to complete acknowledgment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Marden Signature

\_\_\_\_\_  
Date