



Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In Home Rehab is dedicated to protecting your medical information. The medical record is the physical property of In Home Rehab, and the health information contained in the medical record is yours. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information.

Who will follow this Notice?

In Home Rehab provides health care to our patients and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this Notice will be followed by:

- Any health care professional that treats you at any of our locations.
- All locations included within In Home Rehab.
- All employed associates, staff or volunteers of our organization, including staff at our parent organizations.
- Any business associate or partner of In Home Rehab with whom we share health information.

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive and to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by facility staff, your personal physician or records disclosed to us per your authorization from other providers.

We are required by law to:

- Keep medical information about you private.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the Notice that is currently in effect.

Changes to this Notice

We reserve the right to change the terms of this Notice, making any revision applicable to all of the health information that we maintain. If In Home Rehab revises the terms of this Notice, we will post a revised Notice at all In Home Rehab locations and on our web site: www.InHomeRehab.com.

We will also provide paper copies of this Notice upon request. You also will be asked to acknowledge in writing your receipt of this Notice.

How Your Medical Information Will Be Used And Disclosed

- We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and for health care operations (such as review for quality assessment and the appropriateness of the care you receive).
- Subject to several requirements, we may use or disclose medical information about you without prior authorization including but not limited to public health purposes, abuse and neglect reporting, health oversight audits or inspections, research studies, worker's compensation or other similar programs.
- We may disclose medical information in specific circumstances when required by law (such as a request from law enforcement for a blood alcohol level) or in response to valid judicial or administrative orders.
- We may contact you for appointment reminders or to tell you about our recommended possible treatment options, alternatives, health-related benefits or services that may be of interest to you or to support fund-raising efforts.
- You may be asked for your comments on the care that you received at In Home Rehab.
- Unless you object, and with the exception of Behavioral Health Patients, In Home Rehab may disclose your medical information to family members, other relatives or close personal friends involved in your medical care.
- In Home Rehab may disclose your medical information to a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts.
- In Home Rehab may disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.

Other uses of medical information

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Patient Rights

Your rights regarding your medical information include:

- The right to request restrictions on certain uses and disclosures of your medical information. In Home Rehab is not required to agree to your requested restriction.
- The right to receive communications from In Home Rehab in a confidential manner (such as sending mail to an address other than your home).
- The right to inspect and obtain a copy of your medical information. You may be charged a reasonable fee for any copies of your records.
- The right to request an amendment of your medical information. Your request must be in writing and may be denied if the information was not created by In Home Rehab; is not part of the medical information maintained by In Home Rehab; or if it is determined that the information in the record is accurate. You may appeal the denial in writing.
- The right to receive an accounting of the disclosures of your medical information made by In Home Rehab except for the disclosures made for treatment, payment or healthcare operations and for those specifically authorized by you.
- The right to receive a paper copy of the Notice.

Complaints

If you are concerned that your privacy rights may have been violated or you disagree with a decision In Home Rehab has made, you may register your complaint with the Privacy Officer by leaving a message on our Ethics Line at 1-800-540-0774.

- Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. The address can be requested from the Values Line.
- Under no circumstances will you be penalized or retaliated against for filing a complaint.



In Home Rehab – Springfield
 1097 Indian Grove Lane
 Rogersville, MO 65742
 (417) 766- 9819
 Fax (417) 753-7120

Phone Intake Form

Date:	
Name of Patient: (Last, first, middle initial)	
Patient Gender:	
Patient Address: (Street, City, Zip and cross roads)	
Patient Home Phone Number:	
Patient Diagnosis:	
Date of Onset of Problem:	
Referring Physician: (Last, first, Middle initial)	
Physician's phone number:	
Is there a prescription for physical therapy?	
What does the prescription say? (Treatment ordered, frequency and duration)	
Can the prescription be faxed to us?	
Does the patient have Medicare?	
Medicare ID number:	
Patient Date of Birth:	
Is there a secondary insurance? What is it?	
Secondary Insurance ID number:	
Name of person calling in the referral:	
Referral agency:	
Phone number of person calling in the referral:	

How did they hear about In Home Rehab?



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Answers to key questions

Are we a home care agency?

No, we are independent therapists who are providing services to individuals in their homes and work places. We do not have to meet the requirements that home care agencies do – e.g. the patient does not need to be truly home bound. They may just prefer to have us come to them rather than coming to a clinic or hospital for therapy.

Do we take Medicare?

Yes –we are fully credentialed under Medicare as Part B providers.

Is there a fee to the patient?

Medicare covers therapy – if there is a copayment it is likely to be covered by a secondary insurance. The therapist will explain the benefits to the patient and their family at the first visit before any charges are incurred. In most situations, there are no out of pocket costs to the patient.

Can we offer more than just PT?

The therapist will evaluate the patient and determine if referrals to occupational therapy, speech language pathology or nursing are needed. If so, we will contact the referring physician and discuss our recommendations.

Who are the therapists who will be doing the treatments?

We currently have several therapists in your area. All are licensed for over 10 years – graduates of accredited programs in this country and active members of the American Physical Therapy Association. The therapists will always call the patient before the first visit to explain the program and introduce themselves.

How does the program work?

Patients who need physical therapy are seen by geriatric physical therapists in their home or place of work. The therapists arrange individual times at the patient's convenience and bring the necessary materials and supplies with them for the treatment session. All care provided is under the referral and prescription of the patient's personal physician. All care is approved by Medicare and the patient's physician before it is delivered.

INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

Authorization of Payment of Benefits to Provider

I authorize payment of medical benefits to the undersigned Health Care Provider or supplier for services described below.

Signature: _____ Date: _____

Name: _____

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PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

Release of Medical Information Necessary to Process Claims

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits to the party who accepts assignment below.

Signature: _____ Date: _____

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been given a copy of the Notice of Privacy Practices.

Signature: _____ Date: _____



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