

## **Notice of Privacy Practices (“Notice”)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

***PLEASE READ THIS NOTICE CAREFULLY.***

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

**THE SELECT OUTPATIENT SERVICES (SOS) AFFILIATED COVERED ENTITY.** This Notice describes the privacy practices of the organizations that form the SOS Affiliated Covered Entity (“SOS ACE”), which includes the covered entities providers and any Covered Entity health care facility now or in the future under common ownership or control with Select Outpatient Services, Inc. and Select Rehabilitation, LLC.

This Notice will be followed by the SOS ACE and all of the employees, staff and other individuals who assist in the administration of SOS ACE. This Notice also covers our third party "business associates" who perform various activities for us to provide therapy services. Before we disclose any of your PHI to one of our business associates, we will enter into a written contract with them that contains terms to protect the privacy of your PHI.

### **WHAT IS INCLUDED IN THIS NOTICE**

This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law.

This Notice also describes your rights to access and control your protected health information, as well as certain obligations we have regarding the use and disclosure of your protected health information. “Protected health information” (“PHI”) is medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. It also includes information related to the payment for these services such as claims, eligibility, and enrollment for benefits.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of this Notice as currently in effect.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following are the types of uses and disclosures we may make of your health information without your permission. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such state or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

**FOR TREATMENT.** We will use and disclose your health information for treatment. For example, information obtained by us will be documented in your record and used to determine the course of treatment that should work best for you. Your healthcare team will then record the actions they took and their observations. In that way, your physicians and other providers will know how you are responding to treatment. Copies of these records and other reports will be given to other providers such as home health agencies and durable medical equipment suppliers, who are currently or will be participating in your care in order to assist them in treating you for your current condition.

**FOR PAYMENT.** We will use and disclose your health information to obtain authorization from your insurance carrier for your therapy treatment. For example, a bill may be sent to you or a third-party payer. The information on, or accompanying, the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Additionally, we may be required to forward additional information to substantiate the medical necessity of the care delivered and that the care for which the claim was submitted was actually delivered. Further, we may disclose health information to the extent authorized and to the extent necessary to comply with workers compensation or other similar programs established by law.

**FOR HEALTHCARE OPERATIONS.** We may use and disclose your PHI for purposes of healthcare operations. These uses and disclosures are necessary to manage the SOS ACE and to make sure that all of its participants receive quality healthcare. Your PHI may be used to assess the quality of service provided. Your PHI may also be used for activities like responding to complaints and appeals, and providing case management and care coordination.

**APPOINTMENT REMINDERS.** We may contact you as a reminder that you have an appointment for treatment or therapy services.

**TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS.** We may use and disclose your PHI to inform you of or recommend possible treatment alternatives or health related benefits or services that may be available to you.

**BUSINESS ASSOCIATES.** There are some services provided through the SOS ACE that are through contracts and business associates. Examples include but are not limited to administrative services and information technology support. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. However, to protect your health information we require the business associate to appropriately safeguard your information

**INDIVIDUALS INVOLVED IN YOUR HEALTHCARE OR PAYMENT FOR YOUR HEALTHCARE.** We may disclose your PHI to a family member or friend who is involved in your medical treatment or care. We may also disclose this information to a person who is responsible for your medical bills or otherwise involved in paying for your healthcare. We will generally try to obtain your written authorization before we release your PHI to your spouse or your parent (if you are over age 18). However, if you are not present or are incapacitated, the SOS ACE may still release your PHI if a disclosure is in your best interest and directly relevant to the

inquiring person's involvement in your healthcare. In addition, we may use and disclose PHI so that your family can be notified as to your condition, location, or death, or so that care or rescue efforts can be coordinated.

**AS REQUIRED BY LAW.** We will use and disclose your PHI when required to do so by federal, state or local law, to the extent such use and disclosure is limited to the relevant requirements of such law.

**LEGAL PROCEEDINGS.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by another person involved in the dispute, but only if we believe that the party seeking the PHI has made reasonable efforts to tell you about the request or to obtain an order protecting the information requested.

**PUBLIC HEALTH ACTIVITIES.** We may disclose your PHI for purposes of public health activities. These activities generally include activities such as: preventing or controlling disease, injury, or disability; reporting the conduct of public health surveillance, investigations, and interventions; reporting adverse events relating to product defects, problems, or biological deviations; and notifying people to enable product recalls, repairs, and replacement.

**ABUSE, NEGLECT, OR DOMESTIC VIOLENCE.** We may disclose PHI to notify an appropriate government authority if we reasonably believe an individual 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 your PHI to a health oversight agency for activities that are necessary for the government to monitor the healthcare system, government benefit programs, compliance with program standards, and compliance with civil rights laws. These activities might include: civil, administrative or criminal investigations, proceedings, and prosecutions and audits of SOS by governmental agencies.

**LAW ENFORCEMENT.** We may disclose your PHI, within limitations, if asked to do so by a law enforcement official for a law enforcement purpose, if it is: (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime if the individual agrees to the disclosure, or due to incapacity or emergency, we are unable to obtain the individual's agreement; (3) about a death we suspect may have resulted from criminal conduct; and (4) about criminal conduct we believe in good faith to have occurred on our premises.

**DECEASED INDIVIDUALS.** Following your death, we may disclose health information to a personal representative (for example, the executor of your estate), and unless you have expressed a contrary preference, we may also release your health information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if the health information is relevant to such person's involvement in your care or payment for care. We are required to apply safeguards to protect your health information for 50 years following your death.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS.** We may disclose your PHI to a coroner or medical examiner as necessary to identify a deceased

person or determine a cause of death. We may also disclose your PHI, as necessary, in order for the funeral directors to carry out their duties.

**ORGAN, EYE AND TISSUE DONATION.** We may disclose your PHI to an organ procurement organization or other entity involved in the procurement, banking, or transplantation of organs, eyes, or tissue to facilitate the donation and transplantation process.

**RESEARCH.** We may use and disclose your PHI for certain limited research purposes. Generally, the research project must be approved through a special committee that reviews the research proposal and ensures that the PHI is necessary for research purposes.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose your PHI when we believe in good faith, it is necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to a person able to help prevent the threat.

**GOVERNMENTAL FUNCTIONS.** We may disclose the PHI of individuals who are members of the Armed Forces, as required by appropriate military command authorities. We may also disclose the PHI of foreign military personnel to the appropriate foreign military authority. We may disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law. We may disclose your PHI to authorized federal officials, so they may adequately provide protection to the President, other authorized persons, or foreign heads of state. PHI may also be disclosed to conduct special investigations.

**INMATES.** We may disclose your PHI, as long as you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official. The disclosure must be necessary: (1) for the institution or law enforcement official to provide you with healthcare; (2) to protect your health and safety or the health and safety of others in connection with the correctional institution; and (3) for the correctional institution's safety and security.

**WORKERS' COMPENSATION.** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.** Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us, will be made only with your written authorization. If you have given us your authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose the PHI for the reasons covered by your written authorization, except to the extent that we have taken action in reliance on your authorization. Please note that we are unable to withdraw any disclosures we have already made with your written authorization.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your PHI. To exercise any of the following rights, you must make your request in writing by filling out the appropriate SOS

form and submitting it to the SOS ACE Privacy Officer, 2600 Compass Road, Glenview, IL 60026; Phone Number: 877.787.3422.

**RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for purposes of treatment, payment, or healthcare operations. You also have the right to request that we restrict the disclosure of your PHI from those involved in your healthcare or the payment for your healthcare, such as with a family member or friend. For example, you may request that we not use or disclose your PHI relating to a procedure you may have had. *We are generally not required to agree with your request for restrictions.* However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If we agree to your request, either you or we may revoke the restriction; however, if we revoke it, it will only apply to PHI that we obtain after the revocation.

The only instance in which we must agree to a restriction is when you request to restrict a disclosure to a health plan for purposes of carrying out payment or healthcare operations (and not for purposes of carrying out treatment), provided your health information pertains solely to a healthcare item or service for which a healthcare provider involved has been paid out of pocket in full.

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

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house.

**RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy your PHI that is kept in a designated record set. This may include medical and billing records, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) PHI that is maintained by SOS ACE to which access is prohibited by law. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or preparing the requested documents.

We may provide you with a written denial of your request to inspect and copy in certain very limited circumstances: (1) the PHI you are requesting to inspect is specifically prohibited by law; or (2) the information you are requesting was confidentially obtained from a source other than a healthcare provider and if you were granted access you could find out the identity of the source.

If you are denied access to your PHI, for reasons other than those listed above, you may request that the denial be reviewed. A licensed healthcare professional chosen by SOS ACE will review your request, as well as the basis for the denial. The person conducting the review will not be the person who denied your request the first time. The outcome of the review will be the final decision.

**Right to Amend.** You have the right to request that we amend your PHI in a designated record set if it is incorrect or incomplete. You have the right to

request an amendment for as long as the information is kept by or for SOS ACE within a designated record set. You must be prepared to provide a reason to support your request for an amendment.

We may deny your request for an amendment if the request does not include a reason to support the request for an amendment. Furthermore, we may deny your request for an amendment if you request that we amend PHI that: (1) was not created by us, unless the person or covered entity that created the PHI is no longer available to make the amendment; (2) is not part of the health information kept by or for SOS ACE within the designated record set; (3) is not part of the information that you would be permitted to inspect and copy by law; or (4) is accurate and complete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request a list of the disclosures we have made of your PHI. Your request must state a time period that may not be longer than six years, but that may be shorter. The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request, before any costs have been incurred.

You have a right to receive an accounting of disclosures made by SOS ACE within the past six years from the date of your request, except for disclosures that have been made: (1) to you; (2) incident to a use or disclosure permitted or required by law; (3) pursuant to an authorization; (4) to those involved in your care or for notification purposes; (5) for national security or intelligence purposes; (6) to correctional institutions or law enforcement officials; and (7) as part of a limited data set.

**RIGHT TO NOTIFICATION REGARDING A BREACH.** In the event of a breach of unsecured PHI, you have the right to receive notification from SOS ACE if SOS ACE reasonably believes that your PHI has been accessed, acquired, used or disclosed as a result of such breach. SOS ACE will notify you of any such breach without unreasonable delay and in no case later than 60 days after SOS ACE discovers the breach. The notification you receive will include the following information: (1) a brief description of what happened, including the date of the breach and the date it was discovered, if known; (2) a description of the types of unsecured PHI that were involved in the breach, such as whether full names, social security numbers, dates of birth, etc. were involved; (3) any steps you should take to protect yourself from potential harm resulting from the breach; (4) a brief description of what SOS ACE is doing to investigate the breach, to mitigate harm to individuals, and to protect against future breaches; and (5) contact procedures for you to ask questions or learn additional information, including a toll-free telephone number, an e-mail address, Web site, or postal address.

**RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to receive a paper copy of this Notice, and may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to receive a paper copy.

**CHANGES TO THIS NOTICE.** We reserve the right to change the terms of this Notice, and to make the new Notice terms effective for all PHI we currently maintain, as well as any information we receive in the future.

**COMPLAINTS AND REQUEST FOR FORMS/SUBMISSION OF FORMS/QUESTIONS.** If you believe your privacy rights have been violated, you may file a complaint with SOS ACE or with the Secretary, Dept. of Health and Human Services. You will not be retaliated against or penalized for filing the complaint.

To file a complaint with SOS ACE, to make a request for information or a form, or if you have any questions about this Notice, contact the SOS ACE Privacy Officer at 2600 Compass Road, Glenview, IL 60026; Phone Number: 877.787.3422. All complaints must be submitted in writing.

**EFFECTIVE DATE:** January 16, 2017