

REHAB SERVICES, LLC

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

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of providing treatment.

Payment: Your health information may be used to seek payment from your health plan or from other sources of coverage. A bill may be sent to either you or a third-party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

Healthcare Operations: Your health information may be used in connection with Rehab Services healthcare operations. For example, your information may be reviewed for quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

Law enforcement: Your health information may be disclosed for law enforcement purposes, including judicial and administrative proceedings.

Notification: Your health information may be disclosed to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare if it is necessary in our professional judgment.

Workers compensation: This office will release information to the extent authorized by law in matters of worker's compensation.

Patient Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Our responsibilities

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Our Mission

To be the Home Medical Equipment Provider of choice through excellence in service, ethics and a patient first commitment.

Complaints

If you believe your privacy rights have been violated, you may contact this office at:

Rehab Services LLC
1035 Benfield Blvd, Suite C
Millersville, MD 21108

Phone: 800-486-KNEE
Fax: 410-691-0035

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint. Rehab Services, LLC is Accredited through The Board of Certification/Accreditation International (BOC). www.bocusa.org - 877-776-2200

We hold a Resident Service Agent (RSA) License through Maryland DHMH. 1-877-4MD-DHMH www.dhmh.state.md.us
To file a complaint with the Maryland Department of Health and Mental Hygiene (DHMH) call 800-492-6005.

CLIENT BILL OF RIGHTS

PURPOSE

All patients of Rehab Services, LLC participate in decisions regarding their care, are permitted to refuse all or part of their care and are informed of the expected consequences of such refusals.

POLICY

Upon admission and throughout the service period patient/client/family/caregiver will be given information, in an understandable language, to make informed decisions regarding the care/service being provided; be encouraged to participate in the care/service planning process, including planning for transfer, referral, and discharge; and be allowed to refuse all or part of his/her care to the extent permitted by law; the expected consequences of such actions must be explained.

PROCEDURE

1. During the initial delivery as well as subsequent follow-up visits, the patient/client/family/ caregiver will be given information (verbally and/or in writing) which describes:
 - A. The services anticipated to be required in the care of the patient/client.
 - B. The nature and purpose of any equipment, including directions for use.
 - C. The benefits and effects of the equipment, including who will service the equipment.
2. When appropriate, the patient's/client's family/caregiver or designated family/caregiver(s) will be utilized in the care and treatment of the patient/client. This may include:
 - A. Assisting with ordered service (with physician approval)
 - B. Carrying out activities specified in the plan of care
 - C. Encouraging the patient/client with designated equipment use
3. The patient/client may refuse all or part of his/her care.
4. In the event the patient/client refuses service/care against medical advice, they are informed of the expected consequences of such action.
6. The patient's/client's physician is notified orally and/or in writing of the refusal as appropriate to the care/service.