

# New Horizons Rehabilitation Inc.

237 Six Pine Ranch Rd, PO Box 98, Batesville, IN 47006

[www.nhrinc.org](http://www.nhrinc.org)

## HIPAA NOTICE OF PRIVACY PRACTICE

This Notice describes how health information about you, our client, may be used and disclosed and how you can access this information. Please review it carefully. If you have any questions about this notice, please ask the person giving you the notice or contact the New Horizons HIPAA Privacy Office, 812-934-4528 or email [quality@nhrinc.org](mailto:quality@nhrinc.org).

### ***Who Will Follow This Notice?***

This Notice describes our practices and that of:

- Any health care professional authorized to enter information into your file.
- All New Horizons departments.
- Any member of a volunteer group we allow to help you at New Horizons.
- All New Horizons employees, staff, and other personnel.

All these entities, sites, and locations follow the terms of this Notice. In addition, these entities, sites, and locations may share health information with each other for service provision, treatment, and payment of New Horizons operations for purposes described in this Notice.

### ***Our Pledge Regarding Health Information***

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services you receive through New Horizons. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care generated by New Horizons. For more information, see:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

This Notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- Make sure that health information that identifies you is kept private.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Provide you a copy of this Notice of our legal duties & privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect.
- We will not use or share your information other than as described here unless you tell us, in writing, that we can. You may change your mind at any time, notifying us in writing of the change,

### ***How We Are Required by Law to Disclose Health Information About You***

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- **As Required by Law-** We will disclose health information when required by federal, state, or local law.

- **To Avert a Serious Threat to Health or Safety-** We will use and disclose health information about you when we have a “Duty to Report” under state or federal law because we believe that it is 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.
- **Public Health Risks-** We will disclose your health information for public health reporting required by federal or state law. These activities generally include:
  - To prevent or control disease, injury, or disability.
  - To report births and deaths.
  - To report child abuse or neglect.
  - To report reactions to medications or problems with products.
  - To notify people of recalls of products they may be using.
  - 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.
  - To notify the appropriate government authority if we 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 will disclose health information as required by law to a health oversight agency for activities authorized by law. These oversight activities include 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 will disclose health information about you when properly ordered to do so by a court.
- **Law Enforcement-** We will release health information requested by law enforcement if permitted by law:
  - In response to a court order.
  - If required by state or federal law.
  - To identify or locate a suspect, fugitive, material witness, or missing person.
  - About the victim or a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement.
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct while enrolled in New Horizons services.
  - 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.
- **Protective Services for the President and Others-** We will disclose your health information to authorized persons or foreign heads of state to conduct special investigations.

### ***How We May Use and Disclose Health Information About You***

The following categories describe different ways that we use and disclose health 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 ways we are permitted to use and disclose information will fall within one of these categories.

We never share your information unless you give us written permission for marketing purposes and sale of your information.

Please note that if you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- **For Treatment & Services-** We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other New Horizons personnel involved in providing services to you. Different New Horizons departments may also share health information about you to coordinate the different things you need. We may also disclose health information about you to people outside of New Horizons, such as other healthcare providers involved in providing medical treatment to you and to people who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your plan of care.
- **For Payment-** We may use and disclose health information about you so that the treatment and services you receive through New Horizons or other service providers from whom you receive treatment or services may be billed to, and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment or services you received from New Horizons so your health plan will pay us or reimburse you for your treatment or services. We may also tell your health plan about a treatment or services you will 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 information about you for New Horizons operations or to another service provider or health plan if you have a relationship with that service provider or health plan. These uses and disclosures are necessary to run New Horizons and make sure that all individuals we serve receive quality services.

For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in providing services to you. We may also combine health information about many individuals to decide what additional services New Horizons should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other facilities 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 information so others may use it to study health care and health care delivery without learning who the specific individuals are.

- **Appointment Reminders-** We may use and disclose health information as we assist you making medical appointments, to contact you as a reminder of those appointments or an appointment for services at New Horizons.
- **Treatment Alternatives-** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Fundraising Activities-** We may use your information to contact you about efforts to raise money for New Horizons and its operations. If you do not want New Horizons to contact you for fundraising efforts, you must notify the New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006, in writing.
- **Legislative Advocacy-** New Horizons advocates for public policy that supports the rights and needs of people with disabilities by working with The Arc US and The Arc of Indiana. New Horizons is a membership chapter of the Arc of Indiana that serves Southeast Indiana. Your name and address will be added to The Arc membership list for advocacy purposes. They are not permitted to share your information with any other entity. If you wish to opt-out, send a written notification to the New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006.
- **Individuals Involved in Your Care or Payment for Your Care-** We may release certain limited 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 about your condition. In addition, we may disclose medical 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 share and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with individuals' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for individuals with specific health needs, so long as the health information they review does not leave New Horizons. We may 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 New Horizons services.

### ***Special Situations***

- **Coroners, Medical Examiners, and Funeral Directors-** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about individuals served by New Horizons to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities-** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, as well as in a disaster relief situation.

### ***Your Rights Regarding Health Information About You***

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

- **Right to Inspect and Copy-** You have the right to inspect and copy health information about you that may be used to make decisions about your services. Usually, this includes medical and billing records. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006. 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 will provide a copy or a summary of your health information, usually within 30 days of your request.  
We may deny your request to inspect and copy in certain very limited circumstances. We will explain the denial to you in writing within 60 days of your request. If you are denied access to health information, under some circumstances, you may request that the denial be reviewed. Another licensed healthcare professional New Horizons chose 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 your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for New Horizons. To request an amendment, you must make your request in writing to New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006, and provide a reason to support 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:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the health information kept by or for New Horizons.
  - Is not part of the information which you would be permitted to inspect and copy.
  - 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 disclosures we made of health information about you. To request this list or an accounting of disclosures, you must submit your request in writing to the New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006. Your request must state a time period that may not be longer than six years and may not include dates. Your request should indicate in what form you want the list (for example, on paper or 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 before any costs are incurred.
- **Right to Request Restrictions-** You have the right to request a restriction or limitation on the health information we use or disclose about you for services, treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the

payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment or service you received. 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 with emergency treatment. To request restrictions, you must make your request in writing to New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006, and include the following:

1. What information you want to limit.
  2. Whether you want to limit our use, disclosure, or both.
  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 health matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communications, you must make your request in writing to New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006 and specify how or where you wish to be contacted. We will accommodate all reasonable requests.
  - **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 agreed to receive this Notice electronically, you are still entitled to a paper copy. You may also obtain a copy of this Notice on our website at [www.nhrinc.org](http://www.nhrinc.org). To obtain a paper copy of this Notice, contact the Noble Privacy Officer at 812-934-4528.

### ***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 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 in each of our facilities. In addition, each time you register for New Horizons services, 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 New Horizons or with the Secretary of the Department of Health and Human Services. To file a complaint with New Horizons, you must submit it in writing through the New Horizons website [www.nhrinc.org](http://www.nhrinc.org) or to New Horizons Privacy Officer, PO Box 98, Batesville, IN 47006. You will not be penalized for filing a complaint.

### ***Other Uses of Health Information***

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke that permission, we will no longer use or disclose health 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.