

**Rehab One, PC
Notice of Practice**

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION 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 member or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, result of laboratory test and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff members.

PAYMENT Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit request and receive information on date of services provided, and medical condition being treated.

HEALTH CARE OPERATIONS Your health information may be used as necessary to support to day-to-day activities and management of Rehab One. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality

LAW ENFORCEMENT Your health information may be disclosed to law enforcement agencies to support government audits and inspection, to facilitate law enforcement investigations, and to comply with government mandated reporting.

PUBLIC HEALTH REPORTING Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses of disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

APPOINTMENT REMINDERS Your health information will be used by our staff to send your appointment reminders. Unless you tell us otherwise, we may mail you and send you appointment reminder in a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

INFROMATION ABOUT TREATMENT Your health information may be used to send you information that you find interesting on the treatment and management of your medical

condition. We may also send you other health related products and services that we believe may interest you.

Individual Rights

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

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

Rehab One Duties

We are required by law to maintain the privacy of your protected health information and to provide you with notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on your next office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUEST TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that a request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Igor Olevsky. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Igor Olevsky
Rehab One P.C.
360 Court street, Suite 3
Brooklyn, NY 11231

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.