

# Mid South Rehab Services & Affiliates

## Compliance Notice

**COMPLIANCE CONTACT**  
Mid South Rehab Services, Inc. and Affiliates  
ATTN: Compliance Officer  
711 Avignon Drive, Ridgeland, MS 39157  
Telephone (601) 605-6777 or 1-888-861-2349 [compliance@midsouthrehab.com](mailto:compliance@midsouthrehab.com)

**HHS-OIG HOTLINE TELEPHONE NUMBER, 1-800-447-8477 (HHS-TIPS)**  
U. S. Department of Justice, Investigations Division  
950 Pennsylvania Avenue, MW, Room 4706  
Washington, DC 20503

**Any and all information submitted to the Compliance Officer will be held Strictly Confidential.**

Mid South Rehab Services Incorporated and Affiliates ("Mid South") is a participant in Federal Health Care Programs. Mid South is committed to complying with all requirements of the Federal Health Care programs, as by 42 U.S.C. § 320a-7b(f). Should you discover or suspect that Mid South or its staff has committed Medicare or Medicaid fraud, then please inform either the Compliance Contact for Mid South or the Department of Health and Human Services - Office of the Inspector General, at the address & phone number above.

## Joint Notice of Privacy Practice

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

Mid South Rehab Services Incorporated and Affiliates, including, but not limited to: Mid South Rehab Outpatient Clinic, LLC; Mid South Rehab Therapy, LLC; and, Sharkey Therapy Services, LLC (hereinafter known as "Mid South Rehab and Affiliates") designates themselves as an "Affiliated Covered Entity" for the purposes of complying with HIPAA Privacy Rules.

The following is the Privacy Policy of Mid South Rehab and Affiliates, as described in the Health Insurance Portability and Accountability Act of 1996, commonly known as **HIPAA**. By law, HIPAA requires Mid South Rehab and Affiliates to maintain the privacy of your personal health information, to provide you with a notice of Mid South Rehab and Affiliates' legal duties and privacy policies, with respect to your personal health information, and to notify you in the case of a breach of unsecured Protected Health Information.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your "Health" or "Medical Record," serves as a:

- Basis for planning your care and treatment;
- Means of communication among many health professionals that contribute to your care;
- Legal document describing the care you receive;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Tool in educating health professionals;
- Source of data for medical research;
- Source of information for public health officials charged with improving the health of the nation;
- Source of data for facility planning and marketing;
- Tool with which we can assess and continually work, to improve the care that we render and the outcomes that we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where, and why others may access your health information; and
- Make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of the facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your protected health information for treatment, payment, or health care operations; disclosures to family members, relatives, friends or any other person previously identified by you; instances in which you are not present or your permission cannot be obtained due to incapacity or an emergency; permitting other persons to act on your behalf; or disclosures to a public or private entity authorized by law; Mid South Rehab and Affiliates is not required to agree to a requested restriction, except in the case of a disclosure restricted under 45 C.F.R. § 164.522(a)(l), and we will notify you if we are unable to agree to a requested restriction;
- Obtain a paper copy of the "Notice of Information Practices" upon request;
- Inspect and copy your Health Record;
- Amend your Health Record;
- Obtain an accounting of disclosures of your health information;
- Request communications of your health information by alternative means or at alternative locations; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Mid South Rehab and Affiliates Responsibilities** - This organization is required by law to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative methods or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information that we maintain. Should our privacy practices change, we will mail a revised notice to the address with which you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **For more information or to report a problem:**

You may file a complaint or request additional information as to your privacy rights if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to the Privacy Officer listed below or to the Secretary of DHHS:

**Privacy Officer**  
Mid South Rehab & Affiliates  
711 Avignon Drive, Ridgeland, MS 39157  
(601) 605-6777; 1-(888) 861-2349  
[privacyofficer@midsouthrehab.com](mailto:privacyofficer@midsouthrehab.com)

**Secretary**  
Department of Health & Human Services  
200 Independence Avenue, SW, Washington, D.C. 20201  
(202) 619-0257

### **Examples of Disclosures for Treatment, Payment and Health Operations**

#### **We will use your health information for treatment**

**For example:** Information obtained by a therapist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from therapy services.

#### **We will use your health information for payment.**

**For example:** A bill may be sent to you, a billing company 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.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff, risk or quality improvement, or members of the Medical Review team may use information your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service that we provide.

**Business Associates:** There are some services provided in our organization through contacts with business associates. One example includes billing contracts. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do, and bill you or third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person that you identify, health information relevant to that person's involvement in your care, or payment related to your care.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, has approved their research.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers Compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional Institution:** Should you be an inmate of a correctional institutional, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes, in good faith, that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards, and are potentially endangering one or more patients, workers, or the public.

### **Examples of Potential Disclosures which Require Your Authorization**

**Marketing:** Mid South Rehab & Affiliates may potentially disclose your protected health information for marketing purposes, i.e. to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. If Mid South chooses to do so, we must obtain your written authorization before using or disclosing your protected health information for such purpose. If any such marketing done by us involves financial remuneration, direct or indirect, to Mid South Rehab & Affiliates from a third party, the authorization must state that such remuneration is involved. An authorization is not required if the marketing communication is in the form of: (A) face-to-face communication made by a Covered Entity to an individual; or (B) a promotional gift of nominal value provided by the Covered Entity.

**Sale of Protected Health Information:** We must obtain your written authorization for any disclosure of protected health information which is a sale of protected health information. Such authorization must state that the disclosure will result in remuneration to Mid South Rehab & Affiliates.

**Mid South Rehab & Affiliates is required by law to abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us. Until you receive notice of such changes, the terms of this notice will govern your Protected Health Information; and, we will not use or disclose without your authorization, except as described herein.**

**There will be no retaliation for filing a complaint.**

**Revised: 09/23/13**