



Arbor Therapy Notice of Privacy Practices

This notice describes how medical information about you/your child may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

Arbor Therapy is committed to protecting the confidentiality of information about you/your child and is required by law to do so. This notice describes how we may use information about you within Arbor Therapy and how we may disclose it to others outside Arbor Therapy. We will notify you if there is a breach of your unsecured protected health information. This notice also describes the rights you have concerning your own health information.

How will we use and disclose information about you?

Treatment:

Arbor may use information about you to provide you with services and supplies. We may also disclose information about you to others that need the information to treat you/your child, such as doctors, physician assistants, therapy students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your records to assist in your treatment and for follow up care and continued of services with Arbor Therapy. We may make your medical information available electronically to other health care providers and health plans that request your information for their treatment and payment purposes

We may also use and disclose information about you to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Family members and others involved in your care:

Arbor Therapy may disclose information about you to a family member or friend who is involved in your care. If you do not want the facility to disclose information about you to family members or others, you must notify Arbor Therapy upon the onboarding process. In the event of a disaster, we may disclose information about you to help locate a family member or friend in a disaster.

Cancellations:

If three (3) or more appointments are rescheduled or cancelled in a three (3) month period, you may lose your time slot. The staff will examine your situation to determine if Arbor Therapy can continue to provide Therapy.

No Show:

If a client has two (2) or more no shows (not calling the clinic to inform cancellation of the session) in a three (3) month period, they will receive written notification that services have been discontinued and will be placed back on wait list.



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Integrated Care:

In an effort to maximize the clinical outcomes for our patients, Arbor Therapy has implemented an integrated care model. Arbor Therapy will share records with contracted providers via HIPAA compliant electronic records software. All contracted providers have entered into a contractual Business Associate Agreement, which requires HIPAA compliance and ensures that all information will be accessible on a need-to-know basis. This approach ensures that doctors, therapists and behavioral professionals maintain consistent communication and access to records as relevant to the treatment of our patients

Payment:

Arbor may use and disclose information about you to get paid for the medical services we provide to you. For example, your health plan or health insurance company may request to see parts of your medical record before they will pay us for your treatment.

Health Care Operations:

Arbor Therapy may use and disclose information about you if it is necessary to improve the quality of care we provide to patients or for health care operations. We may use information about you to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Required by Law:

Federal, state, or local laws do not require patient consent to disclose information which is required to be reported. For instance, we are required to report child abuse and neglect, gunshot wounds, etc. Public policy has determined that these types of needs outweigh the patient's right to privacy. Arbor is also required to give information to the state workers' compensation program for work-related injuries.

Public Safety:

Arbor may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials or to the court in response to a search warrant or other court order. We may also disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct at the facility. We may also disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

Military Veterans, National Security and other Government Purposes:

If you are a member of the armed forces, we may release information about you as required by military command authorities or to the Department of Veterans Affairs. We may also disclose medical information to federal or state officials for intelligence and national security purposes.

Judicial Proceedings:



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Arbor may disclose medical information in a lawsuit where your health status is an issue. For example, Arbor may be ordered to do so by court order or search warrant

Other Uses and Disclosures:

Other uses and disclosures not described in this Notice will be made only with your written authorization such as sale of medical information. You may revoke such an authorization by sending us a written request.

What are your rights?

Right to request information about you:

You or your legally authorized representative are entitled to access of documents available, review or receive paper copies, or request an electronic delivery of your health information. This includes your medical and billing information. If you request a copy of your information, we may charge you for our costs. We will tell you in advance what this cost will be.

Right to request to Amend or supplement information about you that you believe is incorrect or incomplete:

If you see information about you and believe that some of the information is incorrect or incomplete, you may ask us to amend your record. You may submit a request to amend your medical information by contacting the Intake department or the Billing Department for your billing information.

Right to request restrictions on how Arbor Therapy will use or Disclose information about you for treatment, payment or health care operations:

You have the right to request us not to use or disclose information about you to treat you, to seek payment for care, or to operate the health care system. We are not required to agree to your request, but if we do agree, we will comply with that agreement unless that information is necessary to provide you emergency treatment. You may request that we withhold information from your health plan for the purpose of payment or healthcare operations provided it is not otherwise required by law. If you want to request a restriction to your medical information, you may contact Intake Department or for billing information, you may contact the Billing Department. You have the right to pay for an item or service and elect not to have this information about you submitted to your health plan. We are not required to accept your request until you have paid for this service or item. We are not required to notify other healthcare providers of these types of restrictions, this is your responsibility.

Right to request confidential communications:

You have the right to request us to communicate with you in a way that you feel is more confidential. You can ask to speak with your health care providers in private, outside the presence of other patients. We will accommodate reasonable requests including alternative addresses or alternative means. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your request in writing to Intake Department.

Right to a copy of Arbor's Notice of Privacy Practices:



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You have the right to a paper copy of the Notice at any time. You may obtain a copy of the Notice from our web site at www.arbortherapies.com or you may obtain a paper copy of the Notice at any outpatient clinic.

Changes to this notice:

We may amend or revise our practices concerning how we will use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all your information. If we change these practices, we will publish a revised Notice of Privacy Practices.

Which healthcare providers does this notice cover?

This Notice of Privacy Practices applies to Arbor facilities and its personnel, volunteers, students, and trainees. The Notice also applies to other health care providers that come to the facility to care for patients, such as physicians, physician assistants, therapists, emergency services providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by Arbor unless these health care providers give you their own Notice of Privacy Practices. Arbor may share your medical information with other health care providers for their treatment, payment, and health care operations.

Do you have question, complaints or concerns?

Please tell us about any problems or concerns you have with your privacy rights or how Arbor uses or discloses information about you. If you have a concern, you may contact Office Manager by calling our main switchboard at 480-935-0614 and they will direct your call to the appropriate facility. You may also file a complaint with the U. S. Department of Health & Human Services Office for Civil Rights. We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.