



Privacy and Disclosure Notice

Federal Law requires that health care providers inform patients of their rights and provide a copy under the Health Insurance Portability and Accountability Act (HIPAA)

Your Health Record and Protected Health Information

A record of your visit is maintained each time that you receive medical care for our practice. This record typically, but is not limited to, information such as your name, age, address, medical history, symptoms, test results, treatment provided, treatment plans, and follow-up plans.

Uses and Disclosure of Health Information

Our practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care administrative operations. Your protected health information may be used or disclosed for these purposes only unless the practice has obtained your authorization of the use of disclosure or otherwise permitted by the HIPAA regulations or state law.

Treatment: Your health information may be used by staff members to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Obtaining Payment: Your protected health information may be used to seek payment from your health insurance plan, automobile insurer, or from credit card companies that you may use to pay for services.

Administrative Operations: Your health information may be used to support the day to day activity and management of Atta Rehab, LLC to evaluate for quality assurance and compliance. We may also use your name in the waiting room and contact your listed phone number for reminder calls.

Persons which you authorize: Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time.

Individual Rights

Although your health record is the physical property of the healthcare practitioner of Facility that compiled it, the information belongs to you. You have the right to request restrictions on the use and disclosure of your protected health information, to receive confidential communications concerning your medical condition and treatment, inspect and copy your protected health information, amend or submit corrections to your protected health information, receive an accounting of how and to whom your protected health information has been disclosed, receive a printed copy of this notice.

Right to Revise Policy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. The 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 recent revised notice on any office visit. The revised policies and practices will apply to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may request to inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests be submitted in writing. You may submit requests by contacting our clinic. Your request will generally be approved unless there are legal or medical reasons to deny the request.

If you would like to submit a comment or complaint about our privacy practices, please submit your concerns to: Atta Rehab, LLC, 99-115 Aiea Heights Drive, Suite 253 Aiea, HI, 96701

Patient/Guardian Signature: _____ Date: _____