



LIBERTY REHABILITATION  
SPECIALISTS, INC.  
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Effective Date: April 14, 2003

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

**Summary of Liberty Rehabilitation Specialists, Inc. Notice of Privacy Practices:**

The complete Privacy Notice is given at time of admission. In addition, you are entitled to a paper copy of the complete privacy notice upon your request. You may ask the health care provider for your copy. We reserve the right to change the notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as information we receive in the future.

The privacy notice applies to all of the records of your care generated by Liberty Rehabilitation Specialists, Inc. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

The privacy notice will tell you how we use and disclose medical information about you. It also describes your rights and certain obligations regarding the use and disclosure of medical information.

All Liberty Rehabilitation Specialists, Inc. locations may share medical information with each other for treatment, payment, or Medical Center operations purposes. This is a summary of how we may use medical information about you to:

- provide medical treatment or services,
- Bill for and receive payment for treatment you have received at Liberty Rehabilitation Specialists, Inc. including workers' compensation,
- review our treatment and services and to evaluate the performance of our staff in caring for you; comply with health oversight activities,
- decide what additional services the clinic should offer, what services are not needed, and whether certain new treatments are effective,
- assist with teaching and learning for other health care professionals, and health care students,
- remind you of an appointment,
- assist persons who are involved in your medical care,
- comply with federal, state, and local law, military authority or to prevent a serious threat to your health and safety or the health and safety of the public or another person,
- Protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution for inmates.

This is a summary of your rights to:

- inspect and copy medical information that may be used to make medical decisions about your care,
- request an amendment of your record,
- request an accounting of disclosures of medical information,
- request a restriction or limitation on the medical information we disclose about you for treatment, payment, or health care operations,
- request that we communicate with you about medical matters in a certain way or at a certain location,
- File a complaint with Liberty Rehabilitation Specialists, Inc. or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated; you **will not be penalized for filing a complaint.**

I have read the above and been offered a full copy of the Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Copy to patient, original in Chart