

NOTICE OF PRIVACY & HIPAA PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL & PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, WHO HAS ACCESS TO YOUR INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

WHO WILL FOLLOW THIS NOTICE

This notice describes our institution's practices and that of: Any health care professional authorized to enter information into your medical record; All departments of Unbridled Rehabilitation Services, LLC; Any member of a volunteer group we allow to help you while you are a client at Unbridled Rehab; All employees, staff, affiliated/contract staff, students, business associates and other personnel of Unbridled Rehab.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

For treatment:

- To provide, coordinate or manage your health care and related services by both us and other health care providers (doctors, nurses, hospitals, healthcare providers, and other healthcare facilities who become involved in your care)
- We may refer you to another health care provider and as part of the referral, share medical information about you to that provider.

For payment:

- So we can be paid for services provided to you which can include billing you, your insurance company or a third party payor.

How we will contact you:

- Unless you tell us otherwise in writing, we may contact you by either telephone, text, email or by mail at either your home or your workplace. At either location we may leave messages for you on voicemail.

Treatment Alternatives, Health Related Benefits and Services:

- Your protected health information may be used to provide you with information about other health-related benefits or services that may be of interest to you and/or information regarding treatment alternatives.

Marketing:

- Your protected health information may be used to tell you about a health related product or service that is provided by Unbridled Rehabilitation Services. Unbridled Rehab may use, unless you tell us otherwise, pictures or other information for website development and other such application if obtained at an event open to the public or as part of any other organizations event.

OTHER USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Required By Law:

- Your protected health information may be disclosed when the use or disclosure is required by law.

Public Health Activities:

- Your protected health information may be disclosed for public health activities. For example, your protected health information may be disclosed to prevent or control disease, injury or disability; report child abuse or neglect; notify a person regarding potential exposure to a communicable disease; notify an appropriate government agency about the abuse or neglect of an adult individual (including domestic violence); or to the Federal Food and Drug Administration (FDA) to report adverse events with medications, track regulated products, report product recalls, defects or replacements.

Abuse, Neglect, and Domestic Violence:

- If we reasonably believe you are a victim of abuse, neglect or domestic violence, to the extent the law requires, protected health information about you may be disclosed to an agency authorized by law to receive such reports.

Health Oversight Activities:

- Your protected health information may be disclosed to a health oversight agency to perform oversight activities authorized by law or for appropriate oversight of the health care system; for example audits, investigations, inspections and licensure activities.

Judicial and Administrative Proceedings:

- We may disclose your protected health information in the course of any judicial or administrative proceeding. For example, we may disclose your protected health information in response to a court or administrative order, or in response to a discovery request, subpoena or other lawful process.

Law Enforcement:

- Your protected health information may be disclosed to report certain types of wounds or other physical injuries; a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person; provide certain information about the victim of a crime; about a death due to criminal conduct; about criminal conduct at our facility, and in emergency circumstances, to report a crime, a location of a crime, to identify the victim of a crime, or the identity description or location of the person who committed the crime.

Research:

- Your protected health information may be disclosed to a researcher if an institutional review board has reviewed and approved a researcher's proposal and has established protocols to ensure the privacy of your health information. ONLY after your consent has been given for participation in the study.

To Avert A Serious Threat To Health Or Safety:

- Your protected health information may be disclosed to reduce or prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, to prevent or control disease; maintain vital records, report child abuse or neglect; report reactions to medications or problems with products; notify a person regarding potential exposure to a communicable disease; notify people of recalls of products they may be using; in response to a warrant, summons, court order, subpoena or similar legal process; identify/locate a suspect, material witness, fugitive or missing person; or in an emergency to report a crime or the description, identity or location of the perpetrator.

Military and Veterans:

- Your protected health information may be disclosed to an appropriate military command authority to assure proper execution of a military mission if you are a member of the armed forces.

Workers' Compensation:

- Your protected health information may be disclosed for workers' compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

YOUR RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU**Right to request restrictions:**

- You have the right to request that we restrict the uses or disclosures we make:
 - To carry out treatment, payment, or health care operations.
 - To a family member, other relative, a close personal friend or any other person identified by you or for to public or private entities for disaster relief efforts. \
 - For disaster relief. We may disclose your protected health information to a public or private entity authorized by law to assist in disaster relief efforts for the purpose of notifying or assisting in notifying a family member, a personal representative or another person of your location and general condition.
- To request a restriction you may do so at any time by writing to our privacy officer at **P.O. BOX 40, GLENELG, MD 21737**. Please include what information you want to limit, whether you want to limit use, or disclosure or both and to whom you want the limits to apply.

Right to receive confidential communications:

- You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. If you want to request confidential communication you must do so in writing, to our privacy officer at **P.O. BOX 40, GLENELG, MD 21737**.
- We will accommodate your request however we may, when appropriate require information from you concerning how payment will be handled. We may also require an alternate address or another method to contact you.

- You have the right to decline the use of insurance. If you choose to elect private payment and bypass your insurance benefit provider, it is your obligation to inform Unbridled Rehabilitation Services, LLC in writing.

Right to inspect and copy:

- You have the right to inspect and obtain a copy of medical information about you. To inspect or copy medical information about you, you must do so in writing, to our privacy officer at **P.O. BOX 40, GLENELG, MD 21737**.
- Your request needs to state what you want to inspect or copy, specifically. We may charge a fee for the cost of copying and if you ask that it be mailed to you, the cost of mailing. We will respond within thirty calendar days within receipt of your request. We may deny your request if the medical information is information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If we deny your request we will inform you the basis for the denial and how you may have our denial reviewed.

Right to Amend:

- You have the right to ask us to amend medical information about you, for as long as the medical information is maintained by us. To request an amendment, you must do so in writing, to our privacy officer at **P.O. BOX 40, GLENELG, MD 21737**.
- Your request must state the amendment desired and provide a reason in support of the amendment. We will respond within sixty calendar days of receiving your request. We may deny your request if the information or record you want amended was not created by us; is not part of the medical information kept by us; is not part of the information which you would be permitted to inspect or copy; or if the information is accurate and complete.

Right to an accounting of disclosures:

- You have the right to receive an accounting of disclosures of medical information about you, other than disclosures:
 - i.) for treatment, payment or operational activities,
 - ii.) to you or as authorized by you;
 - iii.) for the client directory or to persons involved in your care or treatment;
 - iv.) for national security or intelligence activities;
 - v.) to correctional institutions or law enforcement officials; or
 - vi.) incident to a disclosure we are required to make. The accounting may be for up to six years prior to the date on which you request the accounting but not before September 1, 2015. To request an accounting of disclosures, you must do so in writing, to our privacy officer at **P.O. BOX 40, GLENELG, MD 21737**.
- We will respond within sixty calendar days of receiving your request. Under certain circumstances, your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure to a law enforcement official or to a health oversight agency.

Right To A Paper Copy Of This Notice:

- You are entitled to receive a paper copy of this notice at any time by contacting the privacy officer at **P.O. BOX 40, GLENELG, MD 21737**.

Right to File a Complaint:

- You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact our privacy officer at **P.O. BOX 40, GLENELG, MD 21737**.
- All complaints should be submitted in writing.
- To file a complaint with the U. S. Secretary of Health and Human Services, send your complaint to: Office for Civil Rights, U.S. Dept. of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201. You will not be retaliated against for filing a complaint. We will attempt in good faith to obtain your signed acknowledgement that you received this notice to use and disclose your confidential medical information for required purposes. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

ELECTRONIC USE, STORAGE & PORTABILITY POLICY STORAGE AND USE OF RESTRICTED INFORMATION ON MOBILE DEVICES AND REMOVABLE MEDIA PURPOSE

To establish a policy for the storage and use of restricted Information on mobile devices (including but not limited to laptops, cell phones, tablet computers, personal digital assistants (“PDAs”), USB drives and external hard drives), removable storage media or other non-network secured resources in order to safeguard confidentiality and to meet applicable state and federal laws and regulatory standards.

This policy applies to ALL Unbridled Rehabilitation personnel, Business Associates and Conduits of information in anyway relating to Unbridled Rehabilitation Services, LLC. Unbridled Rehab is strongly committed to maintaining the privacy and security of confidential personal information and other highly sensitive data it collects. It expects all those who store such information to treat these data with the utmost care. There are various policies, federal and state laws and regulations, and contractual obligations that govern how such data must be protected. The purpose of this policy is to highlight specific requirements that must be met by all who store highly sensitive data on individual-use electronic devices or electronic media, regardless of whether those are owned by Unbridled Rehabilitation Services, LLC, a client or the individual employee.

This policy does not supplant any other policies, legal requirements, or contractual obligations. “Protected health information” or “PHI” is any individually identifiable health information, in any format, including verbal communications. “Individually identifiable” means that the health or medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the client’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity. PHI includes client billing and health insurance information and applies to a client’s past, current or future physical or mental health or treatment.

Individual-Use Electronic Devices:

Computer equipment, whether owned by Unbridled Rehab or an individual, that has a storage device or persistent memory, such as desktop computers, laptops, tablet PCs, BlackBerrys and other personal digital assistants (PDAs), and smartphones. For purposes of this policy, the term does not include shared purpose devices, such as servers (including shared drives), printers, routers, switches, firewall hardware, clinical workstations, medical devices etc.

Individual-Use Electronic Media:

All media, whether owned by Unbridled Rehab or an individual, on which electronic data can be stored, including but not limited to external hard drives, magnetic tapes, diskettes, CDs, DVDs, and USB storage devices (e.g., thumb drives).

Highly Sensitive Data:

For purposes of this policy, highly sensitive data currently include personal information that can lead to identity theft if exposed and health information that reveals an individual's health condition and/or history of health services use. And including any other types of sensitive data not listed but implied by content.

1. Personal information that, if exposed, can lead to specific identity. "Personal information" means the first name or first initial and last name in combination with and linked to any one or more of the following data elements about the individual:
 - a. Social security number;
 - b. Driver's license number or state identification card number issued in lieu of a driver's license number;
 - c. Military card or identification;
 - d. Financial account number, or credit card or debit card number.
2. Health information that, if exposed, can reveal an individual's health condition and/or history of health services use. "Health information," also known as "protected health information (PHI)," includes health records combined in any way with one or more of the following data elements about the individual:
 - a. Names;
 - b. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes.
 - c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death.
 - d. Telephone numbers;
 - e. Fax numbers;
 - f. Electronic mail addresses;
 - g. Social security numbers;
 - h. Medical record numbers;
 - i. Health plan beneficiary numbers;
 - j. Account numbers;
 - k. Certificate/license numbers;
 - l. Device identifiers and serial numbers;
 - m. Internet Protocol (IP) address numbers;

- n. Biometric identifiers, including finger and voice prints;
- o. Full face photographic images and any comparable images;
- p. Any other unique identifying number, characteristic, or code that is derived from or related to information about the individual.
- q. Highly sensitive data must be securely encrypted on the electronic device or media.
- r. A log-in password must be enabled for the electronic device and, if available, the electronic media. The password must be complex. The password must not be shared with anyone.
- s. A password-protected screen saver, if available, must be enabled on the electronic device and be complex. The screen saver should be automatically activated within 15 minutes of inactivity on the device.
- t. The data must be deleted from the individual-use device daily. If sensitive information is needed to be kept, the information should be transferred to the Unbridled Rehab secure server or stored on a secured, non-portable device of the employees' responsibility / liability.
- u. Management of the electronic device may not be outsourced to any party external to Unbridled Rehab without the express written consent of Unbridled Rehab.
- v. Photographs or depictions of individuals at events or treatment session correlating the person to health information.
- w. Any and all passwords utilized for any applicable devices described in this document may not be shared with anyone.

As noted earlier, it is the responsibility of individuals to determine if they have highly sensitive data on their individual-use device(s) and media and, if so, to ensure compliance with this policy. Unbridled Rehabilitation Services, LLC is not responsible for searching and sorting employees' software and databases to ensure compliance. Failure to comply with requirements of this policy will result in disciplinary action up to and including financial restitution and termination.

Procedures: Individuals are required to: Find highly sensitive data on their electronic devices and electronic media. If such data are not found, no further action is required.

- A. All passwords must be changed every 3 months.
- B. All passwords must be 15 characters long.
- C. NO password may be duplicated. Separate passwords are required per device – per application.
- D. If highly sensitive data are found, individuals must:
 - 1. securely delete it from
 - 2. move it to a secure server
 - 3. securely delete the information from portable devices
 - 4. ensure that passcodes and encryption are in place for all electronic devices, portable and fixed, that contain Unbridled Rehab related information or any other PHI / PI that is not specifically and solely the individual's own information.

Breaches: All breaches should be reported to the Compliance Officer at Unbridled Rehabilitation Services, LLC. Breach notifications will be sent to all affected parties and reporting agencies in compliance with Federal and State laws. Should Federal and State law require notification and posting of a breach, Unbridled Rehab will follow those guidelines as required for the specific incident.

Compliance: All privacy and/or HIPAA concerns should be referred to the Compliance Officer, even if a resolution has been reached.

The Compliance & Privacy Officer for Unbridled Rehabilitation Services, LLC is:

Katelyn Roe

Email: katie@unbridledrehab.com

Phone: (410) 970-2400 ext. 700

Failure to comply with requirements of this policy can result in disciplinary action up to and including financial restitution and termination. This policy is subject to change based on continued amendments to federal and state requirements. It is up to the contracted staff/employee as well as Unbridled Rehabilitation Services, LLC to be aware of continued changes in the policy requirements not just of Unbridled Rehab but also at the Federal and State level.