

Husker Rehabilitation and Wellness Centers, P.C.
Physical and Occupational Therapy

Today's date: _____

Appointment Date/Time _____ Diagnosis _____

Patient's Full Legal Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Social Security Number: _____ - _____ - _____ Gender: Male Female Date of Birth: ____/____/____

Emergency Contact: Name _____ Phone# _____

Date of last appointment with your Physician: _____ Onset date: _____ Therapist name: _____

Date of Follow up appointment: _____

Referring Physician's Name: _____ Primary care physician: _____

Attorney Name (if involved) _____ Accident: Auto Work-related Not

Marital status: Single Married Student status: Full Part Not

Patient Employed By: _____ Phone #: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Responsible Party: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Social Security Number: _____ - _____ - _____

Employer: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Insurance Company (attach a copy of your insurance card): _____

Insurance address: _____ City: _____ State: _____ Zip: _____

Insurance Phone: (____) _____ Contact person: _____

Identification# _____ Group#: _____

Insured name (if same as Responsible party write "same"): _____

Insured's employer: _____

Phone: (____) _____ Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Relationship to Insured: Self Spouse Child Other _____

Secondary Insurance Company Name (attach a copy of your insurance card): _____

Insurance address: _____ City: _____ State: _____ Zip: _____

Insurance Phone: (____) _____ Contact person: _____

Identification# _____ Group#: _____

Insured name (if same as Responsible party write "same"): _____

Insured's employer: _____

Phone: (____) _____ Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Relationship to Insured: Self Spouse Child Other _____

If Work Comp injury, company contact person name: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

File/Case Number: _____

PrivaPlan Template Notice of Privacy Practices

Notice of Privacy Practices

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.

Husker Rehabilitation and Wellness Centers, P.C. ("the Corporation") is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at the Corporation please contact:

Office Manager
4911 N 26th, Suite 100
Lincoln, NE 68521
402-477-3110

Effective Date of This Notice: 4/15/2003

I. **How the Corporation may Use or Disclose Your Health Information**

The Corporation collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of the Corporation, but the information in the medical record belongs to you. The Corporation protects the privacy of your health information. The law permits the Corporation to use or disclose your health information for the following purposes:

1. Treatment. We may use your medical information to provide you with medical treatment or services. For example: From time to time therapists will co-treat and/or assist each other to better serve the needs of the patient. Brief descriptions of your condition will be given in order to provide safe and effective care to you and inform all involved with your treatment of your physical therapy diagnosis and other medical conditions that will effect your treatment.
2. Payment. We may use and disclose your medical information so that the treatment and services you receive can be billed. For example: we may use your medical information to give to third party payors to provide physical therapy diagnosis to these parties so as to receive reimbursement for treatments provided to you for your specific condition. Notes and other information from your record may be provided to these parties for this same purpose.
3. Regular Health Care Operations. We may use or disclose your medical information about you for medical operations. For example: we may use your medical information to review your treatment and services and to evaluate staff. We may also use your name on the schedule book so that patients may be scheduled in a timely manner to receive the highest quality of care possible.
4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, we may use and disclose your health information.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

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13. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board to ensure the privacy of your Protected Health Information.
15. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits <only for health plans> purposes. <Note that disclosures for government benefits purposes are limited to health plans only.>
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
20. Health plan. We <only if organization is a group health plan, a health insurance issuer or an HMO> may disclose your health information to the sponsor of your health plan.
21. Change of Ownership. In the event that the Corporation is sold or merged with another organization, your health information/record will become the property of the new owner and remain under the HIPPA guidelines for disclosure and use of PHI.

II. When the Corporation May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, the Corporation will not use or disclose your health information without your written authorization. If you do authorize the Corporation to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. The Corporation is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your health information.
4. You have a right to request that the Corporation amend your health information that is incorrect or incomplete. The Corporation is not required to change your health information and will provide you with information about the Corporation's denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by the Corporation, except that the Corporation does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Office Manager
4911 N 26th, Suite 100
Lincoln, NE 68521

IV. Changes to this Notice of Privacy Practices

The Corporation reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, the Corporation is required by law to comply with this Notice.

Revisions to the Privacy Practice will be posted at each clinic site and copies will be made available upon request.

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V. Complaints

Complaints about this Notice of Privacy Practices or how the Corporation handles your health information should be directed to:

Office Manager
4911 N 26th, Suite 100
Lincoln, NE 68521
402-477-3110

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.