HIPAA Privacy Notice

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.

USES AND DISCLOSURES OF HEALTH INFORMATION
We seek your consent to use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. You can revoke your consent, but this must be done in writing.

We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health about you. If you choose to sign an authorization before using or disclosing information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the phone numbers listed below.

INDIVIDUAL RIGHTS
In most cases, you have the right to look at or get a copy of your health information. If you request a copy of your record, you must do so in writing.

COMPLAINTS
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The contact person at the phone numbers listed below can provide you with the appropriate address upon request.

OUR LEGAL DUTY
We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

Calvin College Rehabilitation Services
1310 East Beltline Ave., SE Suite 230
Grand Rapids, MI 49506
CALVIN COLLEGE REHABILITATION SERVICES

NOTICE AND ACKNOWLEDGEMENT

I acknowledge that I have received the HIPAA Privacy Notice

______________________________________________________
Signature of Patient or Personal Representative                      Date

If the signature above is not the patient’s, please describe the relationship to the patient.

Please circle:

Parent

Grandparent

Legal Guardian

Other:________________________