

We will use or share your PHI when:

1. Required by applicable law such as information required by government agencies and law enforcement about victims of abuse, neglect, or domestic violence, or when required in a legal proceeding.
2. Public Health agents require information for public health activities related to disease control, injury or disability and/or the maintenance of vital records such as births or deaths.
3. Health oversight agents investigate or inspect a health care provider or organization.
4. Serious threats to health or safety require that we disclose only the information necessary to help prevent the threat.
5. Other government functions such as military or veterans' activities, national security or intelligence activities or protective services for the President of the United States or correctional facilities require your information.
6. Workers' Compensation laws require release of your information to be in compliance with federal and state laws.
7. We give you appointment reminders or health related benefit or service information about treatment choices or other health care services or benefits.

IV. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you:

Our use of your PHI requires your prior written authorization for any other use of your PHI not described in section III. If you authorize us to use your PHI, you can later remove the authorization and stop any future use of your PHI. You can remove an authorization by written request to the Privacy Officer at:

Rhode Island Rehabilitation
721 Reservoir Avenue
Cranston, RI 02910

Requesting Restrictions

You have the right to request a restriction in our use of your medical information for treatment, payment of health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment of your care, such as family members, friends or others.

We will consider your request to limit how we share your PHI but we are legally not required to agree to it. If we agree with your request, we will follow your limits, except in emergency situations. You cannot limit the uses and reports that we are legally required or allowed to make.

Confidential Communication

You have the right to request that RIR communicate with you about your health and related issues in a particular manner, or at a certain location. In order to request a confidential type of communication, you must make a written request to our Privacy Officer at Rhode Island Rehabilitation. Your request must specify the requested method of contact or location where you wish to be contacted. You do not need to give a reason for your request. RIR will accommodate reasonable requests.

Inspection and Copies

You have the right to inspect and obtain a copy of your PHI (except for mental health notes). Your request must be in writing. If we do not have your PHI, but know who does, we will tell you how to get it. We will reply to your request within 30 days of receipt of your request. If we deny your request, we will tell you in writing, our reasons for the denial. You will have the right to have the denial reviewed.

If you request a copy of your PHI, we may charge a fee.

Report Rights

You have the right to get a list of the parties to whom we have reported your PHI. This list will not include reports for treatment, payment or health care operations; reports that you have previously authorized; reports made directly to you or your family; reports from our facility; reports made for national security purposes; reports to corrections or law enforcement personnel; or reports made before April 14, 2003. Your written request must be submitted to the Privacy Officer at RIR. We will respond to you within 60 days. We will not charge for your list. Second requests within the same year will be provided for a fee.

Amendment

You have the right to ask us to amend PHI if you believe it is incorrect or incomplete. You must submit this request in writing to the Privacy Office at RIR. You must provide a reason that supports your request. RIR will deny requests for amendment when information on record is accurate and complete, not part of the medical information created by RIR, or not part of the medical information you are permitted to inspect. We will respond within 60 days of your request.

Copy of this Notice

You can ask us for a copy of this notice at any time.