NEURO ADVANTAGE REHABILITATION, LLC

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**NOTICE OF PRIVACY PRACTICES**

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

1. NEURO ADVANTAGE REHABILITATION, LLC ‘S PLEDGE REGARDING HEALTH INFORMATION:

Neuro Advantage Rehabilitation, LLC understands that health information about you and your health care is personal. We are committed to protecting this information. Neuro Advantage Rehabilitation, LLC creates a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices (“Notice”) applies to all of the records of your care generated by Neuro Advantage Rehabilitation, LLC. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights to the health information we keep about you and describes certain obligations we have regarding the use and disclosure of your health information. Neuro Advantage Rehabilitation, LLC is required by law to:

* Make sure that protected health information (“PHI”) that identifies you is kept private.
* Give you this notice of our legal duties and privacy practices with respect to health information.
* Notify you in the event a breach of unsecured PHI occurs.
* Follow the terms of the Notice that is currently in effect.
* Neuro Advantage Rehabilitation, LLC can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in the Neuro Advantage Rehabilitation, LLC office, and on our website.

1. HOW NEURO ADVANTAGE REHABILITATION, LLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR YOUR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS:

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways in which we are permitted to use and disclose information for treatment, payment or operations are as follows:

* 1. For Treatment. Neuro Advantage Rehabilitation, LLC may use or disclose your PHI to provide, coordinate, or manage your health care. For example, if we were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, to assist the clinician in diagnosis and treatment of your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care.
  2. Payment: We may use or disclose your health care information to obtain payment for your health care services. In order for an insurance company to pay for your treatment, a claim must be submitted that identifies you, your diagnosis, and the treatment provided to you.
  3. Health Care Operations: Neuro Advantage Rehabilitation, LLC may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning, and compliance with law. For example, Neuro Advantage Rehabilitation may order to improve the quality or cost of care delivered.

1. PSYCHOTHERAPY NOTES. Should Neuro Advantage Rehabilitation, LLC keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, any use or disclosure of such notes requires your authorization unless the use or disclosure is:
   1. For Neuro Advantage Rehabilitation, LLC’s use in treating you.
   2. For Neuro Advantage Rehabilitation, LLC’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
   3. For Neuro Advantage Rehabilitation, LLC’s use in defending ourselves in legal proceedings instituted by you.
   4. For use by the Secretary of Health and Human Services to investigate Neuro Advantage Rehabilitation, LLC’s compliance with HIPAA.
   5. Required by law and the use or disclosure is limited to the requirements of such law.
   6. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
   7. Required by a coroner who is performing duties authorized by law.
   8. Required to help avert a serious threat to the health and safety of others.
2. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Neuro Advantage Rehabilitation, LLC can use and disclose your PHI without your authorization for the following reasons:
   1. Treatment, payment, or health care operations as stated above in Section II.
   2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law. For example, Neuro Advantage Rehabilitation, LLC may disclose PHI in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
   3. For public health activities, including reporting to authorities to help prevent or control disease, injury, or disability, or reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
   4. For health oversight activities, including audits and investigations, inspection, licensure or other proceedings relating to the oversight of the healthcare system or government benefit programs.
   5. For judicial and administrative proceedings, including responding to a court or administrative order. Under some limited circumstances, Neuro Advantage Rehabilitation, LLC will request your authorization prior to permitting disclosure.
   6. As required or permitted by law. Neuro Advantage Rehabilitation, LLC may use or disclose your health information when that use is required or permitted by law. For example, Neuro Advantage Rehabilitation, LLC may be required to report some of your health information to legal authorities such as law enforcement officials, court officials, or government agencies.
   7. For law enforcement purposes, including reporting crimes occurring on our premises, complying with a court order, or identifying or locating a suspect, fugitive, or missing person.
   8. To coroners, medical examiners, or funeral directors when such individuals are performing duties authorized by law.
   9. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
   10. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting national security intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
   11. For workers' compensation purposes. Your health information may be disclosed to the appropriate persons to comply with the law related to worker’s compensation or other similar programs which may provide benefits for work-related injuries or illness. Under some limited circumstances, Neuro Advantage Rehabilitation, LLC will request your authorization prior to permitting disclosure.
   12. Appointment reminders and health related benefits or services. Neuro Advantage Rehabilitation, LLC may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

Except for the situations listed above in Sections II, III, and IV, Neuro Advantage Rehabilitation, LLC will not use or disclose your health care information without your written authorization. If you sign an authorization form, you may withdraw your authorization at any time as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to Neuro Advantage Rehabilitation, LLC. If you revoke your authorization, Neuro Advantage Rehabilitation, LLC will no longer be able to use or disclose your health information for the reasons covered by your written authorization, though Neuro Advantage Rehabilitation, LLC will not be able to take back any disclosures it has already made with your consent.

1. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.
   1. Disclosures to family, friends, or others. Neuro Advantage Rehabilitation, LLC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:
   1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Neuro Advantage Rehabilitation, LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Neuro Advantage Rehabilitation, LLC is not required to agree to your request, and may say “no” if we believe it would affect your health care. To request a restriction, you must make your request in writing to Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177.
   2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full. To request a restriction, you must make your request in writing to Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177.
   3. The Right to Choose How We Send PHI to You. You have the right to ask Neuro Advantage Rehabilitation, LLC to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests. To request confidential communications be sent to you in a specific way, you must make your request in writing to Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177.
   4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes” or information gathered for judicial proceedings, you have the right to get an electronic or paper copy of your medical record and other information that Neuro Advantage Rehabilitation, LLC has about you. If the form and format is not readily available, then Neuro Advantage Rehabilitation, LLC will work with you to provide it in a reasonable electronic format. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so. Your right to inspection or access must be submitted in writing to Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177.
   5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which Neuro Advantage Rehabilitation, LLC has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. Neuro Advantage Rehabilitation, LLC will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request. To request an accounting of disclosures, you must make your request in writing to Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177.
   6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Neuro Advantage Rehabilitation, LLC correct the existing information or add the missing information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if Neuro Advantage Rehabilitation, LLC did not create the health information that you believe is incorrect or if we disagree with you and believe your health information is correct, we may say “no” to your request. If we say no to your request, we will tell you why in writing within 60 days of receiving your request. To request an amendment, you must make your request in writing to Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177.
   7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it. To receive a paper or electronic copy of this Notice, you must make your request in writing to Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177.
   8. Notification of a breach. Neuro Advantage Rehabilitation, LLC is required by law to maintain the privacy of your PHI and provide you with a notice of its legal duties and privacy practices with respect to PHI and to notify you following a breach of unsecured PHI.
   9. Complaints. If you believe your privacy rights have been violated, you may file a complaint with Neuro Advantage Rehabilitation, LLC and with the federal Department of Health and Human Services. There will be no retaliation against you in any way for filing a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Megan Kramp at Neuro Advantage Rehabilitation, LLC, 13200 Globe Drive Suite 206, Mount Pleasant, WI 53177, Phone: 262-260-8451.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 6/1/22.