



## NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can access this information. Federal and state laws require Covell Care and Rehabilitation to maintain the privacy of your health information. It is also required that you receive a copy of this notice regarding our privacy practices, legal duties, and your rights related to your health information. We must follow the privacy practices described in this notice which takes effect May 1, 2008 and will remain in effect until it is replaced. We reserve the right to change the policy at any time, provided changes are permitted by law. Prior to making a significant change in our privacy practices this notice will be changed and the new notice will be available upon request. You may request an updated copy of our notice. For more information about this notice, contact Covell Care and Rehabilitation. **USE AND DISCLOSURE OF HEALTH INFORMATION** Covell Care and Rehabilitation uses and discloses health information about you for treatment, payment and healthcare operations. For example, when disclosing information related to treatment we may use or disclose your health information to a physician or additional health care provider providing you with treatment. Or, in regards to payment, we may use and disclose your health information to obtain payment for services we provide to you. Or, in regards to health care operations, we may use and disclose your health information in connection with our quality assessment and improvement activities, evaluation of practitioner and provider performance or conducting trainings, accreditation, certification, licensing, or credentialing activities. **YOUR AUTHORIZATION:** You may give us written authorization to use or disclose your health information to anyone for any purpose. If you give us such a written authorization you may give us a written revocation of this request at any time. However, this revocation will not affect any of the use or disclosure of your health information that was done while your authorization was in effect. Unless you give us the written permission, we cannot use or disclose any of your health information outside of the description in this document. **FAMILY AND FRIENDS AND OTHERS INVOLVED IN CARE:** We may disclose your health information to you, as described in patients' rights. We may disclose your health information to friends or family members but only if you agree to us doing so. We may disclose or use your health information to notify or assist in notifying a family member or another representative of your location, general condition or death. If you are present, we will provide you an opportunity to object to such uses or disclosures of your health information. If you are incapacitated or under emergency situations, we will use our professional and clinical judgment and only disclose information related to the person involved in your care. **MARKETING:** Your health information will not be used for marketing unless you have given your written permission. **REQUIRED BY LAW:** Your health information will be used or disclosed when required by law. **ABUSE OR NEGLECT:** We may disclose your health information to appropriate authorities if we have reasonable belief you are a possible abuse, neglect, domestic violence victim or a possible victim of another type of crime. We may disclose your health information to avert a serious threat to your health or safety or the health and safety of others. **APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders. **PATIENT RIGHTS-Access:** You have the right to look, or receive a copy of your health information, with limited exceptions. You must make a written request to do so. You may obtain a form to fill out and submit to receive the health information by calling Covell Care and Rehabilitation. You may also request the information by sending a letter to Covell Care and Rehabilitation. Contact information is at the bottom of this page. You will be charged a reasonable fee for expenses such as copies and staff time. If you request copies, you will be charged 10 cents a page and \$20 per hour of staff time to locate, copy and compile your health information. If you request an alternative format of your health information a reasonable fee will be applied to complete your request. **Disclosure Accounting:** You have the right to a list of instances we disclosed your health information for purposes other than treatment, payment and healthcare operations and certain other activities for the last 5 years but not before May 1, 2010. **Restriction:** You have the right to request additional restrictions are put in place on the use and disclosure of your health information. We do not have to agree with the request. If we agree to the request we will honor it unless it is an emergency. **Alternative Communications:** You may make a written request that we communicate with you by alternative means or in an alternative location. **Amendment:** You may make a written request that your health information be amended and it must explain why the amendment should occur. We may deny your request under certain circumstances. **QUESTIONS AND COMPLAINTS:** If you want more information about our privacy policies please contact Covell Care and Rehabilitation. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you have made to amend, restrict the use or disclosure of your health information or to have us communicate with you in an alternative manner, you may complain to us. You may also submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to the US Department of Health and Human Services upon request. We support your rights and privacy in regards to your health information and we will not retaliate in any way if you choose to file a complaint with the US Department of Health and Human Services. Please review this information carefully and sign that you have received a copy of this policy and understand its content.

**Contact Name: KRISTA COVELL-PIERSON OWNER OF COVELL CARE AND REHABILITATION, LLC**

**P.O. Box 484, Timnath, CO 80547**

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