

HIPAA
POLICIES AND PROCEDURES MANUAL
For
The Rehab Center and
Health & Rehabilitation Psychologists of Charlotte, P.A.

This document outlines the policies and procedures of The Rehab Center, Inc. and Health & Rehabilitation Psychologists of Charlotte, P.A. (hereafter, "The Rehab Center") associated with implementation of the Health Insurance Portability and Accountability Act ("HIPAA"), including the Privacy Rule (45 C.F.R. parts 160 and 164).

Since the large majority of clients of The Rehab Center are evaluated and treated for Workers' Compensation purposes, HIPAA often does not apply, for example, to disclosures of Protected Health Information (hereafter, "PHI") per North Carolina laws requiring disclosure of findings to the employer and its agents. Nonetheless, The Rehab Center endorses the general concepts of the Privacy Rule and maintains an awareness of confidentiality issues in all matters related to its clients.

Use and Disclosure of PHI

The Rehab Center does not use or disclose PHI in ways that would be in violation of the Privacy Rule or North Carolina law, and uses and discloses PHI as permitted by the Privacy Rule and in accordance with state or other law.

Under the Privacy Rule, The Rehab Center is permitted, but not mandated, to use and disclose PHI without patient consent or authorization in limited circumstances.

Under the Privacy Rule, these permitted uses and disclosures include those made:

- To the patient
- As authorized by the patient
- For treatment, payment, or health care operations purposes (hereafter "TPO")
 - "Treatment" means the provision, coordination, and management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
 - "Payment" includes billing, obtaining third party reimbursement, claims management, collection activities, determining eligibility or coverage, coordination of benefits, adjudication of health claims, utilization review, and certain disclosures to consumer reporting agencies.
 - "Health care operations" are activities that relate to the performance or operation of the office. Health care operations include, but are not limited to quality assessment and improvement, peer review, accreditation, licensing, credentialing, obtaining legal or auditing services, business planning, and other administrative and management functions of a covered entity.

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