For Mobility Connection, Inc.

**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**

If you have any questions about this Notice, please contact our office personnel at

815-965-8090.

**OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION**

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out a service, payment, or service operations, and for other purposes that are permitted or required by law. It also describes your rights to access, and control of your PHI.

Your “Protected Health Information” means any of your written and verbal health information, including your demographic data that can be used to identify you. This is health information that is created, or received by your service provider, and that relates to your past, present, or future physical or mental health conditions.

We are strongly committed to protecting your medical information. We create a record about you because we need the record to provide you with the appropriate service, and to comply with various legal requirements. We transmit some medical information about your service in order to obtain payment for the services you receive and we use certain information in our day-to-day operations. This Notice will let you know about the various ways we use and disclose your medical information, describe your rights, and our obligations with respect to the use or disclosure of your medical information. We will also ask that you acknowledge receipt of this Notice the first time you come to, or use our services because the law requires us to make a good faith effort to obtain your acknowledgement.

We are required by law to:

1. Make sure that any service, medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable law.
2. Give you this Notice of our legal duties and our privacy practices.
3. Abide by the terms of the Notice of Privacy Practices.

**You may have the right to have Mobility Connection, Inc. amend your Protected Health Information.** This means you may request an amendment of your Protected Health Information contained in your service and billing records, and any other records that Mobility Connection, Inc. uses for making decisions about you, for as long as we maintain the Protected Health Information. You must make your request for amendment in writing to our Privacy Contact, and provide the reason or reasons that support your request.

We may deny any request that is not in writing, or does not state a reason supporting the request. We may deny your request for an amendment of any information that:

1. Was not created by us, unless the person that created this information is no longer available to amend the information
2. Is not part of the Protected Health Information kept by or for us.
3. Is not part of the information you would be permitted to inspect or copy.
4. Is accurate and complete.

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement, and we will provide yo with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**You have the right to receive any accounting of certain disclosures we have made, if any, of your Protected Health Information.** This right only applies to disclosures for purposed other than services, payment, or business operations as described in the Notice of Privacy Practices. It also excludes disclosures we may have made to you, to family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations. You must specify a time period which may not be longer than six years, and cannot include any date before April 14, 2003. You may request a shorter time frame. Your request should indicate the form in which you want the list (i.e., on paper, in person, etc.). You have the right to one free request within any 12 month period, but we may charge you for any additional requests in the same 12 month period. WE will notify you about the charges you will be required to pay, and you are free to withdraw or modify your request in writing before any charges are incurred.

**You have the right to obtain a paper copy of this notice from us.** Please request this from our Privacy Contact either in writing or in person at our office at any time.

**Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights by us. You may file a complaint with us by notifying our Privacy Contact of your complaint.

We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary of Health and Human Services.

You may contact our Privacy Contact at 815-965-8090 for further information about the complaint process.

**Uses and Disclosures of Protected Health Information**

**Based upon Your Written Authorization**

Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described. You may revoke your authorization at any time, in writing. You understand that we cannot take back any use or disclosure we may have made under the authorization before we received your written revocation, and we are required to maintain a record of the service that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. We will not condition your service in any way on whether or not you sign any authorization.

**Other Permitted and Required Uses and Disclosures That May be Made**

**Either With your Agreement or the Opportunity to Object**

You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present, or able to agree or object to the use or disclosure of the Protected Health Information, then the President, Vice President, or Office Manager of Mobility Connection, Inc. may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your service will be disclosed.

**Others Involved in Your Healthcare:**

Unless you object, we may disclose to a member of your family, relative, close friend, or any other person you identify, verbally or in writing, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information necessary if we determine that it is in your best interest based on our professional judgment. We may use of disclose your Protected Health Information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care or general condition.