

How Walton may use and disclose your health information

According to HIPAA (Health Information Privacy & Accountability Act), your health information may be shared as follows:

- For your treatment and care coordination
- To pay doctors and hospitals for your health care and help run their businesses
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object. If a copy of your medical record is necessary, a release of information form must first be completed.
- To protect the public's health, such as by reporting when the flu is in your area

Your health information cannot be used or shared without your written permission unless HIPAA allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your mental health counseling sessions

Inpatient Directory: During Inpatient registration, patients are asked to sign consent to be included in the patient directory. The patient directory allows incoming calls to be forwarded to the patient and allows for the patient's room number to be given to visitors, clergy, and florists. You are given the opportunity to decline inclusion in the patient directory any time during your hospitalization.



NOTE: A large print version of this Notice is available upon request.

Complaints

If you have a complaint or concern, you may file a complaint with Walton by contacting **Walton's Quality Hotline** at:

706-823-8763

Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint. Or, you may file a complaint by contacting The Joint Commission or the Georgia Healthcare Facility Regulation Division.

Healthcare Facility Regulation Division

Two Peachtree Street, NW, Suite 3100
Atlanta, Georgia 30303-3142

State Hotline for Complaints

(404) 657-5726, (404) 657-5728, or

1-800-878-6442

Fax 404.657.5731

www.ors.dhr.georgia.gov

or

THE JOINT COMMISSION

EMAIL: COMPLAINT@JOINTCOMMISSION.ORG

(800) 994-6610

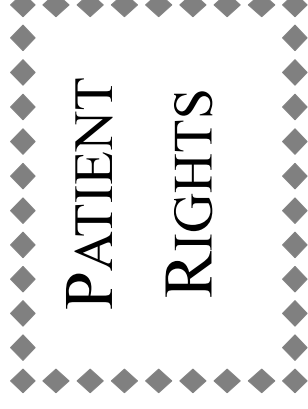
FAX: 630- 792-4636

Walton Rehabilitation Health System

1355 Independence Drive
Augusta, GA 30901

Phone: 706-724-7746

Fax: 706-823-8775



Walton Rehabilitation Health System restores ability, hope, and independence to people who need medical rehabilitation and/or community supports following temporary illness, injury, or a life-changing disability.

Telephone 706-724-7746

For Inpatients Only:

Room Number _____

Patient Telephone Number _____

706 - 82__ - _____

Effective 4/14/2003

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792/03-11/200



WALTON REHABILITATION HEALTH SYSTEM

- Right to a notice of privacy practices. Notices may be distributed during registration. Detailed notices are available in the admissions office upon request.
- Right to considerate and respectful care by competent personnel.
- Right of respect of confidentiality, privacy, security, and resolution of complaints.
- Right to communication from your physician and healthcare team concerning your diagnosis, treatment, prognosis, and outcomes, including unanticipated outcomes.
- Right to receive information from your physician necessary to give informed consent prior to the start of any non-emergency procedure or treatment.
- Right to be advised if the hospital proposes to engage in or perform experimentation affecting your treatment and your right to refuse to participate.
- Right to be involved in all aspects of care to include participation in care decisions, resolving dilemmas about care decisions, and advance directives. Where appropriate, family is also included.
- Right to know the identity of your health care team and to be able to communicate with them.

PATIENT RIGHTS

- Right to equal access to services, regardless of age, gender, race, national origin, ability to pay, or marital, familial, veteran, or disability status.
- Right to access protected health information about you. Patients may inspect and get a copy of their protected health information and billing information, subject to certain limitations.
- Right to request amendment to protected health information. Patients may ask to amend or correct their medical records.
- Right to request alternative means of communicating protected health information. Patients may ask to receive communication regarding their protected health information by alternative means (such as by fax) or to an alternative location.
- Right to request restrictions on protected health information. Patients may ask to restrict disclosure of protected health information.
- Right to an accounting of disclosures. Patients have the right to know what disclosures of health information have been made of their health information.
- Right to complain about violations to rights without fear of retaliation or penalty.
- Right to refuse drugs, treatments, and procedures to the extent permitted by law.
- Right to adequate information about pain and pain relief measures. Your right includes your right to be served by health professionals committed to pain prevention and management and who will respond quickly to your reports of pain.
- Right to expect emergency procedures to be implemented without unnecessary delays.
- Right to high quality care and professional standards that are continually maintained and reviewed.
- Right to expect provision of information at discharge about continuing medical requirements and the means to meet those needs.
- Right to receive visitors whom the patient designates, subject to the patient's consent, and the right to withdraw or deny consent at any time. The patient's visitors will enjoy full and equal visitation privileges consistent with patient preferences. The hospital will review any clinical restrictions or limitations to visitation.

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Augusta, GA 30901

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