

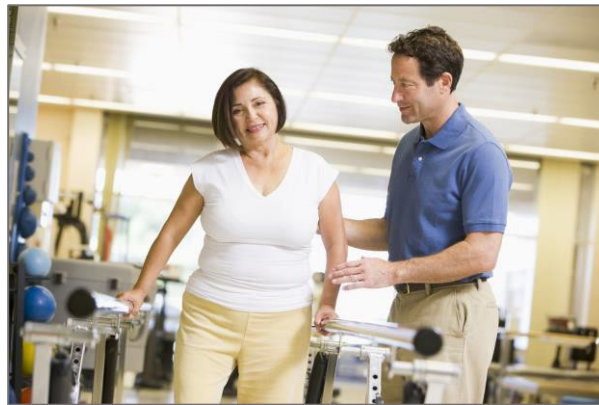


Notice of Privacy Practices

Your Information.

Your Rights.

Our Responsibilities.



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

Northeast Rehabilitation Hospital Network is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices, and follow the terms of this notice.

YOUR RIGHTS: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your paper or electronic medical record

You can ask to see or get a copy of your paper or electronic medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.

Ask us to correct your medical record

You can ask us to correct or amend health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request to OPT OUT

You may request that your name not be listed in the Hospital Directory.

Request confidential communications

You have a right to receive communications regarding your health information. We will say “yes” to any reasonable requests. You can ask us to contact you in a specific way. For example, home or office phone, or to send mail to a different address.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all such disclosures with certain exceptions, for example, permitted or required disclosures we made to other treatment providers or healthcare entities about treatment, payment for treatment, and health care operations, and certain other disclosures (such as any you asked us to make or disclosures made directly to you). We’ll provide one accounting per year for free, but will charge a reasonable cost-based fee if you ask for another within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. Notice is available on our website: www.northeastrehab.com

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act on your behalf before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with the U.S Department of Health and Human services for Civil Rights by sending a letter to 200 Independence Ave, S.W Washington D.C. 20201 or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you have choices about what we share

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example you are unconscious; we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Fundraising: If we intend to use or disclose records for fundraising for our benefit, we will first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

To treat you. We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization. We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

To bill for your services. We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan to pay for services.

Northeast Rehabilitation Hospital Network recognizes that the potential exists for protected health information used or disclosed lawfully to be subject to redisclosure by the recipient and no longer be protected by HIPAA Privacy regulations.

How else can we use or share your health information

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Reproductive Health Care Information - We are not permitted to use or disclose your protected health information to conduct a criminal, civil, or administrative investigation into, to impose liability on, or identify any person for the act of seeking, obtaining, providing, or facilitating reproductive health care that was lawful in the circumstance in which it was provided. As an example, if a resident of another state received reproductive health care at the hospital, and such care was lawful in the state in which it was provided but not in the individual's state of residence, the hospital could not provide the individual's protected health information to an entity or individual seeking to conduct an investigation into the reproductive care provided or the provider or recipient of that care.

Attestations - An attestation may be required for certain uses and disclosures of protected health information to persons other than healthcare providers or their service providers. As an example, we may not use or disclose protected health information that is potentially related to reproductive health care without obtaining a valid, signed attestation from the person requesting the use or disclosure stating that the information will not be used for an impermissible purpose.

Help with public health and safety issues

We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

Research

We may use or share your health information for research purposes, as permitted by law. When required, we will ask for your written permission. In some cases, your information may be used without your permission if it has been reviewed and approved by an ethics committee, or if the information does not identify you.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if they want to see that we are complying with federal privacy law.

Organ and tissue donation requests

We can share information about you with organ procurement organizations.

Medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Worker's compensation, law enforcement, and other government requests

We can use or share health information about you for worker compensation claims, law enforcement purposes or health oversight agencies for activities authorized by law, special government functions such as military, national security and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your health information, which includes your name and room number if an inpatient, will be used in our facility directory. You may restrict or opt out whether your information is included in the directory or to whom we may release such information. If you are an Outpatient treating with NRHN your name or treating location is not included in the hospital directory.

We will never share your information without your written permission relating to alcohol or substance abuse treatment; records relating to HIV testing or HIV status; and records relating to mental health counseling. We are required by law to maintain the privacy and security of your protected health information. Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed. Because these records are especially sensitive, federal law requires us to protect them more strictly than other medical information.

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you ask us or tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Other applicable laws

State Laws and Patient Privacy Protection

In addition to compliance with HIPAA, a federal law, and other statutes noted above, NRHN will comply with Commonwealth of Massachusetts laws and New Hampshire State Laws respecting patient privacy and confidentiality, including information related to mental health counseling.

[Massachusetts](#): (M.G.L. Ch, 112, S. 172A), disclosure of HIV test information (M.G.L. Ch.111, S. 70F), and general privacy rules contained in M.G.L. Chapter 111, S. 70E regarding "Patients' and Residents' Rights".

[New Hampshire](#): Chapter Section 332-I: 1 - 332. Section 332-I:6 Medical Records, Patient Information and Health Information, general privacy rules, disclosure and complaints. 560:22 Medical Records of a deceased spouse.

HOW TO COMPLAIN IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you think we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way.

Person to contact for information or with a complaint: If you have any questions about this notice or any complaints, please contact:

NRHN: Privacy Officer at 603-681-3045 or Corporate Compliance Officer at 603-681-3015

You may also send a written complaint to:

[New Hampshire Department of Health and Human Services](#)

HIPAA Privacy Officer, NHDHHS, 129 Pleasant Street, Concord, NH 03301

[Massachusetts Department of Health and Human Services](#)

1 Ashburton Place, Boston, MA 02108

[Secretary of the Department of Health and Human Services](#)

200 Independence Avenue, S.W., Washington, D.C. 20201

Email to: OCRCComplaint@hhs.gov

We will take no retaliatory action against you if you file a complaint about our privacy practices.

Effective date: December 1, 2016

Updated: February 4, 2026

Changes to the Terms of This Notice

NRHN is required to abide by the terms of the notice currently in effect; and we can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. NRHN provides inpatient services located in Salem, Nashua, Portsmouth, and Manchester, NH.

NRHN also provides therapy services on an Outpatient basis at multiple locations in New Hampshire and Massachusetts. NRHN operates physician practices for Inpatient locations and limited outpatient services. A list of all locations is available upon request.