

REHAB SOLUTIONS, PLLC  
840-2888 PH \*\* 840-4245 FAX  
PATIENT INFORMATION

PLEASE READ CAREFULLY & FILL OUT IN FULL - IF YOU HAVE ANY QUESTIONS, PLEASE ASK

Patients full name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Guardian Name (if patient is a minor) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact (name, phone & relationship)  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ SSN \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Referred By \_\_\_\_\_

Reason for Therapy \_\_\_\_\_

Please Check YES or NO:

Is this Worker's Comp  YES  NO Date of Injury/Onset \_\_\_\_\_

Is this a Motor Vehicle Accident  YES  NO Date of Injury \_\_\_\_\_

Do you have an attorney  YES  NO If yes, please include name, address, & phone \_\_\_\_\_

Are you presently being seen by Home Health  YES  NO

Have you had Home Health services in the past 6 mnths  YES  NO

Were you injured at school or school event  YES  NO

Do you have school accident insurance  YES  NO (please give us the info upon admission)

**\*\*PLEASE PRESENT ALL INSURANCE AT THE TIME OF ADMISSION. WE WILL FILE ONLY THE INSURANCE PRESENTED TO US\*\*\*\*\***





**REHAB SOLUTIONS**

**NOTICE OF PRIVATE PRACTICES**

I, \_\_\_\_\_ do hereby acknowledge receipt of REHAB SOLUTIONS Notice of Privacy Practices on \_\_\_\_\_ date.

\_\_\_\_\_  
patient signature

## **Rehab Solutions, PLLC Summary Notice of Privacy Practices**

### **Effective Date: April 14, 2003**

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.

We understand that medical information about you and your health is personal. Rehab Solutions is required by law to maintain the privacy of your health information, to follow the terms of this Notice and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. All staff and employees of Rehab Solutions, PLLC will follow this notice. A detailed Notice of our Privacy Practices is available upon request.

#### How Rehab Solutions, PLLC May Use or Disclose Your Health Information

Rehab Solutions, PLLC protects the privacy of your health information for some activities. We must have your written authorization to use or disclose your health information. However, the law permits Rehab Solutions, PLLC to use or disclose your health information for several purposes without your authorization, including but not limited to:

- For Treatment. We may use and disclose information obtained by Rehab staff to treat you.
- For payment. We may use and disclose your health information so that Rehab Solutions, PLLC may bill and collect payment from you, an insurance company, Medicare or other third parties.
- For Health Care Operations. We may use and disclose health information about you for health care operations. These uses and disclosures are necessary for your treatment and to operate Rehab Solutions, PLLC.
- As Required by Law. We will disclose health information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Public Health Risks. We may disclose health information about you for public health activities.
- Lawsuits and Disputes. We may disclose health information about you in response to a court order or subpoena, if you are involved in a lawsuit or legal dispute.
- For Specific Government Functions. We may disclose health information for the following specific government functions: military personnel, as required by military command authorities; in response to an appropriate request from law enforcement and for national security reasons.
- To Business Associates. To those companies that perform services on behalf of Rehab Solutions, PLLC, including transcription services, consultants and collection agencies.
- Other Uses of PHI. Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your written authorization.

#### When Rehab Solutions, PLLC May Not Use or Disclose Your Health Information

- You have the right to request restrictions on certain uses and disclosures of your health information. Rehab Solutions, PLLC is not required to agree to a restriction that you request.
- You have the right to inspect and request a copy, for a fee, of your health information.
- You have the right to require that Rehab Solutions, PLLC amend your health information that you believe is incorrect or incomplete. Rehab Solutions, PLLC is not required to amend health information that is accurate and correct.
- You have a right to receive an accounting of disclosures for your health information we have made after April 14, 2003 for purposes other than disclosures for Rehab Solutions treatment, payment or health care operations, based upon your authorization to others and for certain government functions.

#### To Report a Problem or File a Complaint

If you believe your privacy rights have been violated, you can report a problem or file a complaint with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation or denial of treatment for filing a complaint.

#### Changes to This Notice of Privacy Practices

Rehab Solutions, PLLC reserves the right to change this Notice and post the changes. Upon request, we will provide a revised Notice to you:

1893 S. Eason  
Tupelo, MS 38804  
(662) 840-2888