Memphis Jewish Home & Rehab Outpatient Therapy Services

Welcome to our outpatient therapy program. We are pleased that you have chosen us for your rehabilitation needs. Providing the highest quality care in a clean and professional environment is our number one goal. Before you begin our therapy program, an evaluation will be performed to assess your individual needs. The evaluation will take approximately 30-25 minutes. It is important to come 15 minutes early to your evaluation to complete the necessary paperwork if it has not been completed beforehand.

When you come for your evaluation, please bring the following information:

1. Therapy prescription from your physician
2. Insurance Card
3. Co-pay (if applicable)
4. List of Medications

Appointments: Patients will be seen on an appointment basis only. After your evaluation, you will schedule your follow-up visits at the receptionist desk. Your therapist will discuss the recommended frequency and duration of your treatments. It is critical that you are on time for your appointments, as showing up late may shorten the length of your treatment to not disrupt other patients' scheduled appointments.

Attendance Policy: If you cannot attend a treatment session, please call **at least 24 hours in advance** to cancel so that we can fill your scheduled slot with another patient. If you do not show up for your scheduled appointments, you may be discharged from our program and a $35 charge may be assessed. Patients who cancel or fail to show up for three appointments will be discharged from the practice.

Regular Attendance and Active Participation: Your individualized therapy treatment plan requires regular attendance and active participation to benefit from our services. It is also important for you to have open communication with your therapist regarding the treatment being provided and any pain that you may be experiencing. This communication will assist your therapist in adjusting your treatment plan to better meet your needs.

Appropriate Attire: Please wear clothing that is comfortable and suitable for performing exercise (ex: shorts, sweats, athletic pants, and athletic tops). Sneakers are preferred, shoes with a back in them are a must. If your treatment is for a knee problem, shorts are best so that we can work directly with your knee. For aquatic therapy, bathing suits or fitted shorts and tops are recommended.

Complaints or Recommendations: We encourage open communication. If you have any questions, concerns, or recommendations, please contact the Director of Rehab 901-756-3243

We look forward to working with you.

Sincerely,

Memphis Jewish Home & Rehab Outpatient Therapy Services

Memphis Jewish Home & Rehab Outpatient Therapy

Patient information

Patient Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City/State/Zip Code: _____ Phone: _____

Sex: _____ Race: _____ Religion: _____

Marital Status: _____ US Citizen: _____ Military Service: _____

Occupation: _____ Primary Language: _____

Contacts

Responsible Party: _____ Relationship: _____

Address: _____ Phone Number: _____

City/State/Zip Code: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number: _____

Physician Information

Referring physician: _____ Phone Number: _____

Primary Physician: _____ Phone Number: _____

Memphis Jewish Home & Rehab Outpatient Therapy
Medicare and Insurance Verification

Patient Name: _____ Date of Birth: _____

Medicare Number: _____ Part B Benefit: Yes/No

Medicare Supplement: _____ Supplement policy number: _____

Percentage covered: _____% Days covered per year: _____

Deductible: _____ Deductible met: _____ Out of Pocket: _____ OOP met: _____

Once OOP met, converts to 100% coverage: Yes/ No

Is Medicare Primary? Yes / No

Commercial Insurance Primary? Yes / No

Medicare Advantage Primary? Yes / No

Insurance Name: _____ Policy Number: _____

Number of days covered per year: _____ PT/OT/ST combined? Yes/No

If not combined, how many days per discipline? _____

Deductible: _____ Met: _____

OOP: _____ Met: _____

In Network: Yes / No Out of network benefits: Yes / No

Auth required: Yes / No

Auth number: _____ Days Authorized: _____

Representative: _____ Call Reference Number: _____

All claims are subject to review by Medicare and/or your insurance carrier. The insurance verification is above not a guarantee of benefits. You will be responsible for any deductibles, co-payments or percentages not paid by Medicare and/or your insurance. Any insurance denials or non-payments may also be your responsibility.

I have read the foregoing and I understand that I am financially responsible for any and all amounts billed correctly by Memphis Jewish Home & Rehab (MJHR), which are not paid by Medicare and/or my supplemental or other insurance carrier. I further understand that MJHR is not responsible for any errors made by Medicare and/or my supplemental or other insurance carrier in verifying my benefit eligibility at the start of my treatments or at any subsequent time.

Patient/Responsible Party Signature: _____ Date: _____

Print Name: _____

Facility Representative Staff: _____ Date: _____

Memphis Jewish Home & Rehab
Consent to Use or Disclose Protected Health Information
Purpose of Treatment, Payment, and Health Care Operations

Patient Name: _____

I consent to the use or disclosure of my protected health information by Memphis Jewish Home & Rehab ("MJHR") for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of MJHR.

I understand that diagnosis or treatment of me at, or by, MJHR may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or health care operations of the practice. MJHR is not required to agree to the restrictions that I may request. However, if MJHR agrees to a restriction that I request, the restriction is binding on MJHR.

I have the right to revoke this consent, in writing, at any time, except to the extent that MJHR has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse e. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review MJHR's Notice of Privacy Practices prior to signing this document and that MJHR's Notice of Privacy Practices is also available at various locations within the facility.

This Notice of Privacy Practices also describes my rights and the duties of MJHR with respect to my protected health information.

MJHR reserves the right to change the privacy practices that are described in its Notice of Privacy Practices. A copy of the new notice will be available upon request, in our office, and on our website.

All claims are subject to review by Medicare and/or your insurance carrier. The insurance verification is not a guarantee of benefits. You will be responsible for any deductibles, co-payments or percentages not paid by Medicare and/or your insurance. Any insurance denials or non-payments may also be your responsibility.

Patient Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

Print Name: _____

Memphis Jewish Home & Rehab
Binding Arbitration Agreement & Jury Trial Waiver

Patient Name: _____ MR # _____

Any controversy, dispute, or claim of any kind between the patient or his/her legal representative or anyone claiming by, through or on behalf of the patient and the B'nai B'rith Home and Hospital for the Aged, Inc. d/b/a Memphis Jewish Home & Rehab, (hereafter Memphis Jewish Home & Rehab or MJHR) or its parents, affiliates, agents or employees, whether based on contract, tort or statute, shall be resolved at the written request of any party to this Agreement by binding arbitration. A written request should be delivered to either party by a commercial delivery service. (USPS, FedEx, UPS etc.).

The parties shall work together in good faith to select a mutually agreeable individual arbitrator or by selecting a local or nationally recognized Arbitration Service Provider. The arbitration shall be conducted in Shelby County, TN and in accordance with the rules of the Arbitrator or Arbitration Service Provider agreed upon by the parties. In the event the parties cannot agree to the applicable rules, the parties agree to comply with the Comprehensive Arbitration Rules and Procedures of the Judicial Arbitration and Mediation Services (JAMS) (www.jamsadr.com). If for any reason the parties are unable to agree upon or select an Arbitrator for the dispute, then each party will select an arbitrator and the two arbitrators will select a third arbitrator to decide the dispute as a panel. **The parties agree that the Arbitrator shall have exclusive authority to determine the enforceability of this Arbitration Agreement.**

In the event it is determined that any claim is not subject to arbitration, the patient and his/her legal representative and anyone claiming on his/her behalf, hereby waives trial by jury in any litigation in any court with respect to, in connection with, or arising out of this agreement, or the services and care received by a patient from MJHR and its employees, or any other claim or dispute whatsoever arising between the patient, patient's successor in interest, heirs, administrators, executors or any other representative of the patient or patient's estate and MJHR and its employees.

The parties agree that the Federal Arbitration Act (FAA), 9 U.S.C. § 1 et seq., shall govern this Agreement and all proceedings relating to the arbitration of any Claim. If, for any reason, a court of competent jurisdiction determines that the FAA does not apply then the Tennessee Uniform Arbitration Act, Tenn. Code Ann. § 29-5-301 et. seq. will apply to and govern that portion of the Arbitration.

The parties will equally share the cost of arbitration unless the patient claims the cost and fees will cause a hardship on the patient. If the costs and fees present a hardship, the Patient may request the Arbitrator apportion a greater share of the costs and fees to MJHR. The parties agree to be bound by the Arbitrator's decision upon such a request for a modification of payment of applicable costs and fees.

The Patient or authorized representative has the right to: 1) read this ADR Agreement and acknowledges that he or she understands the agreement; 2) receive a copy of this Agreement; 3) ask questions about this Agreement; 4) rescind this Agreement by giving written notice to the Facility within 30 days after signing; and 5) consult with a lawyer before signing this Agreement. You are not required to sign this optional agreement for binding arbitration, it is not a condition of admission or required to receive care or continue to receive care at MJHR.
BY SIGNING THIS AGREEMENT THE PARTIES AGREE TO BINDING ARBITRATION AND GIVE UP THEIR RIGHT TO A JURY TRIAL.

MJHR: By: _____ (Signature): _____ Date: _____

Patient: _____ (Signature): _____ Date: _____

If the Patient is unable to sign or has delegated signing to another, please provide the following information: Reason why Patient did not sign:

_____

Signor's authority to sign for Patient (mark all that apply)

_____ General Durable Power of Attorney

_____ Durable Power of Attorney for Health Care

_____ Appointment of Health Care Agent

_____ Conservator or Guardian

_____ Health Care Surrogate (under T.C.A. § 68-11-1801)

_____ Other _____

With my signature, I certify that I am authorized to sign on behalf of the patient and all information shown above is true to the best of my knowledge:

Authorized Agent: _____ (Signature): _____ Date: _____

INITIAL INTAKE FORM

PATIENT INFORMATION DATE_____

NAME_____ OCCUPATION_____
(LAST) (FIRST)

BIRTHDATE_____ AGE_____ HEIGHT_____ WEIGHT_____lbs

HOME/CELL PHONE_____ EMPLOYER_____

CURRENTLY EMPLOYED? ○ YES ○ NO ○ MODIFIED

REHAB INFORMATION

1. CHIEF COMPLAINT/AILMENT/INJURY_____

2. DATE OF INJURY_____DATE OF SURGERY_____

3. BRIEFLY DESCRIBE HOW YOU WERE INJURED

_____

_____

4. HAVE YOU RECEIVED THERAPY FOR THIS CONDITION? ○ YES ○ NO WHEN?_____

   HOW MANY VISITS?_____

5. HAS YOUR CONDITION BEEN GETTING: ○ WORSE ○ SAME ○ BETTER

6. ARE YOUR SYMPTOMS: ○ CONSTANT OR ○ INTERMITTENT

7. MARK THE NUMBER THAT BEST CORRESPONDS TO YOUR PAIN:

   AT BEST: ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 (EXCRUCIATING PAIN)

   AT WORST: ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 (EXCRUCIATING PAIN)

8. WHAT DECREASES/MAKES YOUR CONDITION BETTER? (MARK ALL THAT APPLY)

☐ BENDING	☐ MOVEMENT	☐ REST	☐ BETTER IN AM
☐ SITTING	☐ STANDING	☐ HEAT	☐ BETTER AS DAY PROGRESSES
☐ RISING	☐ WALKING	☐ ICE	☐ BETTER IN PM
☐ CHANGING POSITIONS	☐ LYING	☐ MEDICATION	☐ N/A CAST JUST REMOVED

9. WHAT INCREASES/MAKES YOUR CONDITION WORSE? (MARK ALL THAT APPLY)

☐ BENDING	☐ MOVEMENT	☐ REST	☐ SNEEZE
☐ SITTING	☐ STANDING	☐ STAIRS	☐ DEEP BREATH
☐ RISING	☐ WALKING	☐ COUGH	☐ MEDICATION
☐ PROLONGED POSITIONING	☐ LYING	☐ WORSE IN AM	☐ WORSE IN PM
☐ WORSE AS DAY PROGRESSES	☐ N/A CAST JUST REMOVED		

10. PREVIOUS MEDICAL INTERVENTION (MARK ALL THAT APPLY)

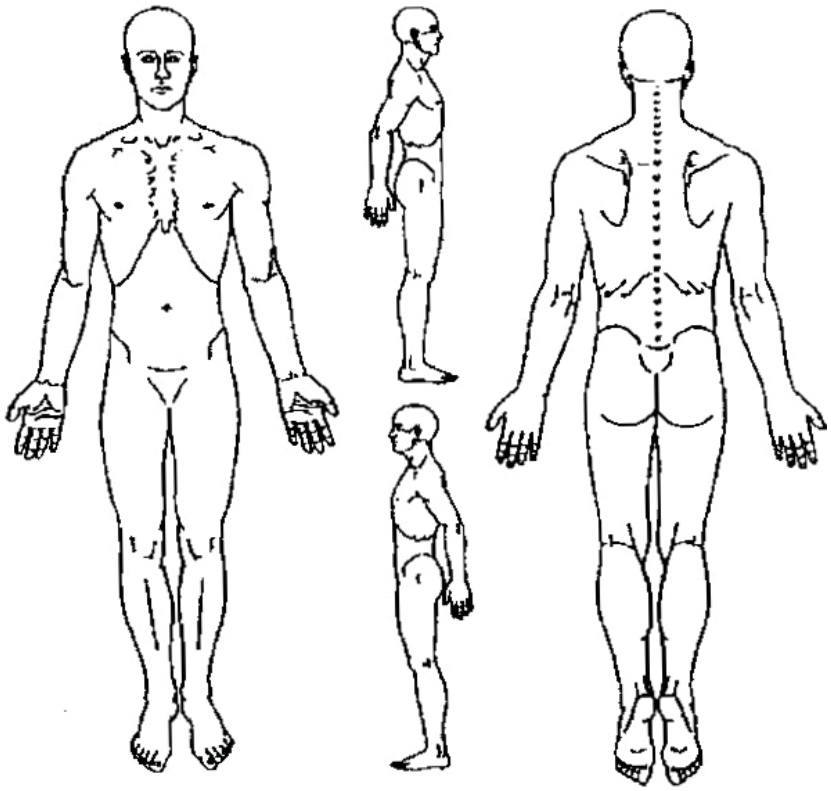
☐ X-RAY MRI ☐ CATSCAN ☐ INJECTIONS OTHER_____

11. WHAT ARE YOUR GOALS TO BE ACHIEVED BY THE END OF THERAPY?

_____

_____

DRAW IN AREAS OF PAIN ON BODY DIAGRAMS USING APPROPRIATE SYMBOLS. If you are completing this form on the computer, print form after completion and mark the diagram with a pen.



SEVERE PAIN	*******
MODERATE PAIN	00000000
DULL ACHE	∩∩∩∩∩∩
RADIATING PAIN	↑↓↑↓↑↓↑↓
NUMBNESS/TINGLING	XXXXXX

MEDICAL INFORMATION (MARK ALL THAT APPLY) **THIS INFORMATION IS CONFIDENTIAL AND REMAINS PART OF YOUR CHART

☐ DIFFICULTY SWALLOWING	☐ MOTION SICKNESS	☐ STROKE
☐ ARTHRITIS	☐ FEVER/CHILLS/SWEATS	☐ OSTEOPOROSIS
☐ HIGH BLOOD PRESSURE	☐ UNEXPLAINED WEIGHT LOSS	☐ ANEMIA
☐ HEART TROUBLE	☐ BLOOD CLOTS	☐ BLEEDING PROBLEMS
☐ PACEMAKER	☐ SHORTNESS OF BREATH	☐ HIV/HEPATITIS
☐ EPILEPSY/SEIZURES	☐ HISTORY OF SMOKING	☐ HISTORY OF ALCOHOL ABUSE
☐ HISTORY OF DRUG ABUSE	☐ DIABETES	☐ DEPRESSION/ANXIETY
☐ MYOFASCIAL PAIN	☐ FIBROMYALGIA	☐ PREGNANCY
☐ CANCER		

PREVIOUS SURGERIES:_____

OTHER:_____

ALLERGIES:_____

Medication List

Please list any medications that you currently take. Please include prescription medications, over-the-counter medications, vitamins, herbs, and supplements. If you already have a copy of an updated list of medications prepared, please check “see list” box below and present the list to the front desk staff. If you do not know your current medications, please bring a list to your next visit.

- See list: I have provided a list of current medication to the front desk staff.
- I will bring an updated list of medication at my next visit.
- See below for a list of current medications.

Medication:	**Dose:**	**Frequency:**	**Diagnosis/reason for medication**

Memphis Jewish Home & Rehab
Alternative Dispute Resolution

Patient Name: _____ MR # _____

Our facility has chosen to resolve disputes by arbitration, sometimes called alternative dispute resolution. Alternative dispute resolution is a process where any disputes between you and the facility are resolved by an arbitrator, rather than by a jury in a court. Arbitration involves a person called an arbitrator. The arbitrator actually listens to each side and then makes a binding decision regarding the dispute.

The Agreement for alternative dispute resolution that we are providing to you outlines the rules and process for us to resolve our disputes outside of a court. This material is intended to help you understand the arbitration process.

The Benefits of Arbitration

Faster Result Than Court - Normally, an arbitration hearing can take place sooner than getting a jury trial in a court. Court cases can last for years and arbitration is generally a shorter process.

Private - Unfortunately, in a trial set in a public court of law, private medical and sensitive information will have to be discussed in a public forum. It can be embarrassing for residents to have their families and conditions discussed in public or in the media. Arbitration is a private hearing and the information presented and the decision is kept confidential.

Knowledgeable and Neutral Decision Makers - In this process, the parties choose who will decide your matter and that person will have knowledge of health care matters or the particular dispute that your claim may involve. The arbitrator will know about the technical parts of the case; and just like a judge, the person deciding cannot have any favoritism for either side. Unlike a court of law, the parties to the arbitration have a role in choosing who decides your dispute and when it is decided, which does not happen in a trial court.

Questions and Answers about the Binding Arbitration Agreement and Jury Trial Waiver

1. What is arbitration?

Arbitration is a proceeding used to resolve disputes without resorting to the court system. The parties present their positions to an arbitrator or a panel of arbitrators, who decide(s) the case. **You will not have the right to a jury trial if you agree to arbitrate your disputes.**

2. What are the benefits of arbitration?

a. Arbitration is usually faster than resolving disputes in court.
b. Arbitration usually costs less than resolving disputes in court.
c. Arbitration is less complicated than cases handled in court.

3. Under what conditions do parties arbitrate disputes?

All disputes that cannot be informally resolved between the parties should be submitted to arbitration.

4. Is a Patient admitting to the Facility required to agree to arbitrate disputes?

The agreement to arbitrate is mandatory. **However, the agreement can be revoked by the Patient or authorized party within 30 days after signing.**

Memphis Jewish Home & Rehab
Alternative Dispute Resolution

Patient Name: ________ MR # _____

5. What kinds of disputes are arbitrated?

Any and all disputes can be arbitrated. This does not prevent you from making complaints or concerns known to the administration. You may also contact the local ombudsman or any state, local or federal agency that regulates nursing homes and health care agencies. Complaints made to governmental agencies are not subject to arbitration.

6. Does arbitration replace other existing dispute resolution procedures at the Facility?

No. The existing procedures for a Patient to bring grievances to the Facility will remain in place. Patients will still be able to file a grievance with the Facility or with a State or Federal agency. If a Resident believes that his or her grievance was not satisfactorily resolved pursuant to the Facility's grievance procedure, the Resident may request arbitration of the dispute.

7. Can the Patient hire an attorney?

Yes. Either party can hire his or her own attorney.

8. Who pays attorney's fees?

The Facility will pay its own attorneys' fees and the patient pays his or her own attorneys' fees.

9. Who pays the cost of the arbitration?

In the event of arbitration, the Patient or authorized representative may tell the Arbitrator that payment of the applicable costs and fees presents such a hardship so as to prevent the resident from pursuing their claims, and that the Facility should therefore assume a larger percentage of the arbitration costs. The parties agree to be bound by the Arbitrator's decision upon such a request for a modification of payment of applicable costs and fees. Absent such a decision, Facility and Patient agree that the expenses of any arbitration shall be divided equally between the parties.

10. What if I have further questions about the laws or legal questions about the Agreement?

We encourage you to consult with an attorney concerning any legal questions.

Memphis Jewish Home & Rehab
Notice of Privacy Practices

Patient Name: _____ MR # _____

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 it carefully.

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 an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your 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 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 confidential communications	• 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. • We will say "yes" to all reasonable requests.

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Memphis Jewish Home & Rehab
Notice of Privacy Practices

Patient Name: _____ MR # _____

Your Rights *continued*

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 the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one 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.
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 for you 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 page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** • We will not retaliate against you for filing a complaint.

Memphis Jewish Home & Rehab
Notice of Privacy Practices

Patient Name: _____ MR # _____

Your Choices

For certain health information, you can tell us your 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 • Contact you for fundraising efforts *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

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.
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.
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 so it will pay for your services.

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Memphis Jewish Home & Rehab
Notice of Privacy Practices

Patient Name: _____ MR # _____

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.**

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

Do research	• We can use or share your information for health research.
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 it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With health oversight agencies for activities authorized by law
	  • For 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.

Memphis Jewish Home & Rehab
Notice of Privacy Practices

Patient Name: _____ MR # _____

Our Responsibilities

- 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 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 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.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of This Notice

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.

Effective September 23, 2013

This Notice of Privacy Practices applies to the following organization:

Memphis Jewish Home & Rehab

Privacy Officer: Kay McCollough
Phone #: (901) 758-0036
Email address: kmccollough@memphisjewishhome.org