



NOTICE OF PRIVACY PRACTICES ~ March 1, 2014

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

GRASP Hand Therapy is required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to personal health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make a new Notice effective for all personal health information maintained by GRASP Hand Therapy. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (HIPAA). A copy of any revised Notice of Privacy Practices or information pertaining to a specific state law may be requested, in writing, anytime.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Authorization and Consent: Except as outlined below, we will not use or disclose your personal health information for any purpose other than treatment, payment, or health care operations unless you have signed a form authorizing the use or disclosure. You have the right to revoke the authorization, in writing, unless we have taken action in reliance on the authorization.

Uses and Disclosure for Treatment: With your agreement, we will use and disclose your personal health information as necessary for your treatment. Doctors and other professionals involved in your care will use information you provide about your symptoms, and reactions to your course of treatment, that may include procedures, medications, tests, medical history, etc. in your medical records.

Uses and Disclosures for Payment: With your agreement, we will use and disclose your personal health information as necessary for payment purposes. During the normal course of business operations, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for services provided. We may use your information to prepare a bill to send to you or the person responsible for your payment.

Uses and Disclosures for Health Care Options: With your agreement, we will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, accreditation and licensing etc. For instance, we may use and disclose your personal health information for purposes of improving clinical treatment and patient care.

Individuals Involved in Your Care: With your written agreement, we may from time to time, disclose your personal health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information to a public or private entity in order for that entity to locate family members or other persons that may be involved in some aspect of your care.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for us to provide your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Appointments and Services: We may contact you to provide appointment reminders or information about your treatment or other health-related benefits and services. You have the right to request to receive communications regarding your personal health information by alternative means or at alternative locations. For instance, if you wish appointment reminders not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You also have the right to request that we not send you any future marketing materials and we will use our best efforts to honor such requests.



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Other Uses and Disclosures: We are permitted and/or required by law to use and disclose your personal health information without your consent or authorization for the following:

- Any purpose required by law;
- Public health activities, such as required reporting of disease, injury, birth and death, or public health investigations;
- If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect or domestic violence;
- To the Food and Drug Administration (FDA) to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided healthcare to you at the request of your employer;
- To a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- Court or administrative ordered subpoena or discover request;
- To law enforcement officials as required by law to report wounds and injuries and crime;
- If you are a member of the military, we may also release your personal health information for national security or intelligence activities; and
- To workers' compensation agencies for workers' compensation benefit determination.

RIGHTS THAT YOU MAY HAVE REGARDING YOUR PERSONAL HEALTH INFORMATION

Access to Your Personal Health Information: You have the right to inspect and/or to obtain a copy of much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your legal representative. You are entitled to one free copy of your personal health information. If you request additional copies, you may be charged a nominal fee for copying and postage.

Amendments to Your Personal Health Information: You have the right to request, in writing, that personal health information we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but we will give each request careful consideration. All requests must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary.

Accounting for Disclosures of Your Personal Health Information: You have the right to receive an accounting of certain disclosures made by us of your personal health information. Requests must be in writing, signed by you or your legal representative. The first accounting in any 12-month period is free. You will be charged a nominal fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information: You have the right to request restrictions on the use and disclosure of your personal health information for treatment, payment, or healthcare operations. We are not required to agree to your restriction request, but will attempt to accommodate any reasonable request. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing, any agreed-to restriction.

Complaints: If you believe your privacy rights have been violated, please notify our staff so we can investigate and attempt to correct the violation if appropriate. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. within 180 days of a the violation. There will be no retaliation for filing a complaint.

If you have any questions or need further assistance, please contact our staff.

PATIENT NAME:

SIGNATURE:

DATE: