

## Notice of Privacy Practices

**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 the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes your rights and our legal obligations with respect to your medical information.

### USES AND DISCLOSURES

We may use your protected health information for the purpose of treatment, payment, and health care operations.

- **Treatment** includes the disclosure of health information to other providers involved in your care for the purposes of coordinating and managing your care. We disclose medical information to our employees and others who are involved in providing the care you need. This may also include doctors, nurses, technicians, and other physical/occupational therapists. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.
- **Payment** includes the disclosure of health information to obtain reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill to your insurance with your health plan information to receive payment for your visit.
- **Health Care Operations** include the utilization of your records for the business aspect of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.
- **Open Treatment Area** is the environment of this Hand Therapy practice. An open treatment area requires treatment/supervision of several patients at one treatment table at the same time, without the boundaries of separate patient rooms. Because of the physical layout of the office, treatment-related information may be overheard by other patients being seen at the same time.

### **Uses and Disclosures Required by Law**

The federal health information privacy regulations either permit or require us to use or disclose your protected health information in the following ways: we may share some of your health information with a family member or friend involved in your care if you do not object. We may use your protected health information in an emergency situation when you may not be able to express yourself, and may disclose your information for research purposes if we are provided specific assurance that your privacy will be protected. We may also disclose your health information when we are required by law for court order or subpoena. Protected health information may be disclosed about you to avert serious threat to your health or safety or the health of the public and others. The law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials. If you are in the Armed Forces, we may also release information about you when it is determined to be necessary by the appropriate military authorities. We may also release information about you for workmen's compensation or other similar programs that provide benefits for work-related injury or illness.

- ✓ Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.
- ✓ We must notify you following a breach of unsecured protected health information.

### **YOUR PRIVACY RIGHTS**

You have certain rights under the federal privacy standards regarding your protected health information.

- **Restrictions-** You have the right to request restrictions on how your protected health information is used or disclosed. These requests must be written, specifying which information you want limited disclosure. We reserve the right to accept or reject your request, and we will notify you of our decision. If you pay out-of-pocket in full for your health care services, you have the right to restrict disclosures of your protected health information to your health plan.
- **Confidential Communication-** You have the right to request confidential communications concerning your medical condition and treatment. See the *HIPAA CONSENT Patient Record of Disclosures* form for more information.
- **Inspect and Copy-** You have the right to inspect and copy your protected health information. Hand Works has up to 30 days after receiving the written request to provide you with a copy of your records. We have the right to request a reasonable fee for making paper copies of any health records.
- **Amendments-** You have the right to make corrections to your protected health information, if you think a mistake has been made. This request must be made in writing.
- **Accounting of Disclosures-** You have the right to receive an accounting of how and to whom your personal health information has been disclosed. This request must be made in writing, and will be provided within 7 business days from request.

## **OUR DUTIES**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

*You may request a printed copy of this notice at any time.* We reserve the right to amend or update our privacy policies and practices. These changes may be required by changes in federal and state laws and regulations.

### **Complaints**

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Please send any/all complaints to either of our office locations:

Hand Works, Inc.  
4000 Calle Tecate, Suite 106  
Camarillo. CA 93012



Hand Works, Inc.  
1701 Solar Drive, Suite 195  
Oxnard, CA 93030

For more information about HIPAA or to file a formal complaint:

US Department of Health & Human Services/Office of Civil Rights  
200 Independence Ave, S.W.  
Washington, D.C. 20201  
202-619-0257  
Toll Free: 877-696-6775