



Form 23000
Provider Notice of Privacy Practices

EFFECTIVE DATE OF THIS NOTICE: 2/1/2024

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

UNDERSTANDING YOUR HEALTH RECORD/ INFORMATION: Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment and a plan for future care. This Protected Health Information (PHI) serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care.

YOUR HEALTH INFORMATION RIGHTS: Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it, although the PHI actually belongs to you. You have several PHI rights:

- To inspect and obtain copies of your PHI
- To request corrections to your PHI
- To request that your PHI be restricted
- To request confidential communications
- To request a report of disclosures of your PHI
- To have a paper copy of this Notice

Right to Access and Copy Your Health Information.

You have the right to access and receive a copy or a summary of your health information contained in clinical, billing and other records that we maintain and use to make decisions about you. We ask that your request be made in writing. We may charge a reasonable fee. There might be limited situations in which we may deny your request. Under these situations, we will respond to you in writing, stating why we cannot grant your request and describing your rights to request a review of our denial.

Right to Request an Amendment of Your Health Information.

You have the right to request amendments to the health information about you that we maintain and use to make decisions about you. We ask that your request be made in writing and must explain, in as much detail as possible, your reason(s) for the amendment and, when appropriate, provide supporting documentation. Under limited circumstances we may deny your request. If we deny your request, we will respond to you in writing stating the reasons for the denial. You may file a statement of disagreement with us. You may also ask that any future disclosures of the health information under dispute include your requested amendment and our denial to your request.

Right to Request and Accounting of Disclosures of Health Information.

You have the right to request a listing of certain disclosures we have made of your health information. We ask that your request be made in writing. You may ask for disclosures made up to six (6) years before the date of your request (not including disclosures made prior to April 14, 2003). We will provide you one accounting in any 12-month period free of charge.

Right to Request Restrictions on Uses and Disclosures of Your Health Information.

You have the right to request that we restrict our use or disclosure of your health information. We ask that your request be made in writing. We are not required to agree to your request for a restriction, and we will notify you of



our decision. However, if we do agree, we will comply with our agreement, unless there is an emergency or we are otherwise required to use or disclose the information.

Right to Request Confidential Communications.

Periodically, we will contact you by phone, email, postcard reminders, or other means to the location identified in our records with appointment reminders, results of tests or other health information about you. You have the right to request that we communicate with you in a specific way or as a specific location. For example, you may request that we contact you at your work address or phone number or by email. We ask that your request be made in writing. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests.

OUR RESPONSIBILITIES: This organization is required to maintain privacy of your PHI. In addition, to provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice; notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate PHI by alternative means, or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. We will not use or disclose your PHI without your authorization, except for treatment, payment and healthcare operations.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions or would like additional information, you may contact our Compliance Officer, Trish Eichhorn at 325-3503. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT & HEALTH OPERATIONS:

We will use your PHI for treatment. For example: information obtained by a healthcare practitioner will be recorded in your chart and used to determine the course of treatment that should work best for you. By way of example, your physician will document in your record their expectations of the therapy to be provided. We will also provide your physician with copies of various reports that should assist them in treating you.

We will use your PHI for payment. For example: a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your PHI for regular health operations including call reminders. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There may be some services provided to our organization through contracts with Business Associates. (For example: collection agencies, medical equipment suppliers, or a copy service.) When these services are contracted, we may disclose some or all of your PHI to them so that they can perform the job we've asked them to do. To protect your PHI, however, we require the Business Associate to appropriately safeguard your information.

Notification: We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friends, or to any other person you identify, PHI relevant to that person's involvement in your care, or payment related to your care.

Facility Directory. We may use or disclose your name, location in the facility, general condition, and religious affiliation for facility directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Persons Involved in Your Care. We may, using our best judgment, disclose to a family member, other relative, close personal friend or any other person identified by you, health information relevant to that



person's involvement in your care or payment related to your care.

Notification to Others. We may, in some instances, disclose health information about you to a family member, a personal representative, or another person responsible for your care, in order to notify such person about your current location or general condition.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA your PHI relative to adverse events with products and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health: We may disclose PHI to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury, or disability.

Workers Compensation: We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other programs established by law.

Law enforcement: We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena. Federal law allows for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, in the event that someone believes, in good faith, that Hand to Shoulder Rehab, Inc. has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

For judicial and administrative proceedings. For example, when responding to a request for health information contained in a court order.

To a Coroner of Medical Examiner. To allow them to carry out their duties.

To avert a serious threat to health or safety. For example, when disclosing health information that will help prevent a serious threat to the health or safety of you or another person of the public.

Related to specialized government functions. For example, we may disclose health information about you if it relates to military and veterans' activities or national security.

Related to correctional institutions. And in other custody situations.

If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Office. If you are concerned that your privacy rights have been violated, you may file a complaint with our Privacy Office. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Office Contact Information:

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