

HAND & MICROSURGERY ASSOCIATES

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 may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. For more information about this notice or our privacy practices and policies, please contact Privacy Officer.

Treatment, Payment, Health Care Operations The following section lists ways that we may use and disclose your medical information for the purposes of treatment, payment, and health care operations. Not every type of use or disclosure is listed, but all the ways we may use or disclose your information will fall under one of these categories.

- **Treatment** We are permitted to disclose your medical information to those involved in your treatment.
- **Payment** We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you.
- **Health Care Operations** We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered.
- **Appointments, Alternatives and other Health related benefits.** We may use or disclose your medical information to contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Disclosures That Can Be Made Without Your Authorization There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

- **Public Health, Abuse or Neglect, Serious Threat to Health or Safety and Health Oversight.** As required by law, we may disclose your medical information to a health oversight agency and/or for public health activities, including, but not limited to, the collection of information about disease, injury, or disability,; vital statistics (like births and death); report suspected abuse/neglect of a child, of elders or the disabled; infectious disease control; report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.
- **Legal proceedings and Law Enforcement** We may disclose your medical information to courts or authorized administrative agencies, in response to a valid subpoena, warrant, or other lawful process only if efforts have been made to notify you of the request or to obtain an order for protecting your medical information. We may disclose your medical information if requested by a law enforcement official to report criminal activity and/or for legal processes, such as a warrant, court order, summons, or subpoena.
- **Workers' Compensation** We may disclose your medical information as required by the Texas workers' compensation law.
- **Inmates** If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official for the institute to provide you with medical care, to protect the health or safety of you or others, or for the safety and security of the institution.
- **Military, National Security and Intelligence Activities** If you are in the military, we may disclose your medical information as required by military command authorities or to a federal official for purposes of intelligence and/or counterintelligence activities and other national security activities, as authorized by law.
- **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors** When a research project has been legally approved and privacy protocols established we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor, to a coroner or medical examiner to identify a deceased or a cause of death, to a funeral director as needed to carry out his/her duties.
- **Required by Law** We may release your medical information where the disclosure is required law.

Your Health Information Rights You have the following rights regarding your medical information. To exercise any of the following rights you must submit a written request to the Privacy Officer at the address listed below.

- **Requested Restrictions.** You may request that we restrict or limit how your protected health information (PHI) is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances or is otherwise required by law. You may also request that we limit disclosure to family members, other relative, or close personal friends that may or may not be involved in your care.
- **Obtain a paper copy of this notice of privacy practices** at any time without submitting a written request
- **Receiving Confidential Communications.** You may request that we send communications of PHI by alternative means or to an alternative location. Please specify how and where you wish to be contacted.
- **Inspection and Copies.** You may inspect and/or copy your PHI maintained by Hand & Microsurgery Associates. We may deny your request, in writing, to inspect and copy your health information in certain limited circumstances. If your request is denied, you may request that denial be reviewed. HIPPA permits us to charge a reasonable cost-based fee for copies.
- **Request Amendment.** If you believe your PHI maintained by Hand & Microsurgery Associates is incorrect or incomplete, you may request an amendment to your information. We will respond within 60 days of your request. We are not required to agree to your request. Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record.
- **Accounting of Disclosures** You may request a list of disclosures made by Hand & Microsurgery Associates of your PHI to persons or entities other than for the purposes of treatment, payment, health care operations, or pursuant to your specific authorization. This list will contain each disclosure made for the past six (6) years, but not prior to April 14, 2003. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request *before* any costs are incurred.

Complaints If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services
HIPAA Complaint
7500 Security Blvd.
C5-24-04
Baltimore, MD 21244

Our Promise to You We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests You may learn more about your privacy rights from the website at www.hhs.gov/ocr/privacy/hippa. If you have any questions or want to make a request pursuant to the rights described above, please contact:

Privacy Officer
P.O. BOX 2206
LEAGUE CITY, TX 77574-2206
Phone: 713-622-8382 Fax: 281-334-6853

This notice is effective on the following date: April 14, 2003

Revised: June 17, 2010