

# Notice of Privacy Practices

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential. This Act gives you, the patient, rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

The Annapolis Hand Center is committed to maintaining the privacy of your health information. We understand that information about you and your health is personal. As required by HIPAA, we will maintain the confidentiality of your health information, provide you with this Notice of our Privacy Practices and follow its terms while in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by law. You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us at 410-544-4263.

## Uses and Disclosures of Health Information

The Annapolis Hand Center may use and disclose your protected health information for treatment, obtaining payment for treatment, and healthcare operations necessary to sustain our business.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. *For example, information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.*
- Payment means such activities as obtaining reimbursement for services, confirmation coverage, billing or collection activities and utilization review. *An example of this would be: We may provide information to your insurance company as needed to receive payment for services rendered to you. This may include, but is not limited to, diagnosis and treatment codes, treatment notes, and copies of documentation relevant to obtaining payment.*
- Healthcare Operations includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, cost-management analysis, and customer service. *For example: We may use your personal information to contact you to remind you of an upcoming appointment, either by phone or by mail. We may also call you by name in the waiting room when your provider is ready to see you.*

Some of the services we offer may be provided to you in a semi-private setting. For

example, our Occupational Therapy Department has an open-gym area that allows therapist and patient efficient access to equipment and modalities needed for treatments in a group atmosphere.

We may also use or disclose your protected health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law. In any other situation, it is our policy to obtain your written authorization before disclosing your protected health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

We may share information with governmental agencies or other companies assisting us in fraud prevention or investigation. We may do so when: (1) permitted or required by law; or, (2) trying to protect against or prevent actual or potential fraud or unauthorized transactions; or, (3) investigating fraud which has already taken place. No information is provided to any third parties for marketing purposes.

### **Patient's Individual Rights**

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- You have the right to review or obtain a copy of your protected health information at any time.
- You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure of family member, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless required by law or in emergency circumstances. We will consider all such requests on a case-by-case basis.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- You have the right to request that we amend your protected health information.
- You have the right to request a list of instances where we have disclosed your protected health information for reasons other than treatment, payment or other related administrative purposes.
- You have the right to obtain a paper copy of this notice from us upon request.

### **Website Privacy**

By using this site, you are accepting the practices described in this privacy policy. You are encouraged to review the privacy policy whenever you visit our site to make sure

that you understand how any personal information you provide will be used.

### **Collection of Information**

We collect personally identifiable information such as names, postal addresses, email addresses, etc., when voluntarily submitted by our visitors. The information you provide is used to fulfill your request for an appointment or to make a payment on your account. This information is only used to fulfill your specific request.

### **Commitment to Data Security**

Your personally identifiable information is kept secure. Only authorized employees and agents who have agreed to keep information secure and confidential, have access to this information.

### **Concerns and Complaints**

If you are concerned that the Annapolis Hand Center may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your protected health information, please contact our Privacy Officer. It is our intent to protect and keep your protected health information confidential. Alerting us of any concerns you may have is a necessary part of a continuous quality process we employ. You will, in no way, be retaliated against for filing a complaint. You may also send a written complaint to the US Department of Health and Human Services at:

Secretary of Health & Human Services  
Hubert Humphrey Bldg  
200 Independence Ave SW  
Washington, DC 20201

For further information please contact our privacy officer at:

Annapolis Hand Center  
128 Lubrano Drive, Suite 301  
Annapolis, MD 21401