



Center for Hand Surgery

318-686-9986

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.

The Center for Hand Surgery is required by law to maintain the privacy of your health information and to provide you with the notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or for further information please feel free to contact any member of our staff.

We reserve the right to make changes to the Notice. These changes are effective for all Protected Health Information (PHI) we may already have about you. If and when this notice is changed, we will post a copy in our office in a prominent location. A copy of the revised Notice is available to you upon written request.

Effective Date of This Notice: January 1, 2016

I. How Center for Hand Surgery may Use or Disclose Your Health Information. Center for Hand Surgery collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Center for Hand Surgery but the information in the medical record belongs to you. Center for Hand Surgery protects the privacy of your health information. The law permits Center for Hand Surgery to use or disclose your health information for the following purposes:

1. **Treatment** – We may use and disclose PHI about you to provide, coordinate or manage your health care and related service. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example we may use and disclose PHI when you need a prescription, lab work, x-ray or other healthcare services. In addition we may use and disclose PHI about you when referring you to another health care provider.

2. **Payment** – Center for Hand Surgery may use and disclose your health information for the purposes of billing, managing claims, eligibility or coverage, adjudicating health claims and utilization reviews. Before providing treatment or services we may share details with your health plan concerning the services you are scheduled to receive. For example we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may allow a health insurance company's activities to determine the insurance benefits to be paid for your care.

3. **Regular Health Care Operations** – Center For Hand Surgery may use and disclose PHI in performing business activities, which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example we may use PHI about you to develop ways to assist our physician and staff in deciding how we can improve the medical treatment we provided to others.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care of these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance about treatment alternatives and educational classes
- Cooperating with outside organizations that assess the quality of the care that we provide.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers or staff in a particular field or specialty. For example PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers and others who assist us in complying with the law and managing our business.
- Assisting in making plans for our practice's future operations.
- Resolving grievances within our practice.
- Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- Business planning and development such as cost-management analyses.

4. **Notification and communication with family** – We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

5. **Required by Law** – As required by law, we may use and disclose your health information.

6. **Public health** – As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

7. **Health oversight activities** – We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

8. **Judicial and administrative proceedings** - We may disclose your health information in the course of any administrative or judicial proceeding.

9. **Law enforcement** – We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

10. **Deceased person information** – We may disclose your health information to coroners, medical examiners and funeral directors.

11. **Organ donation** – If you are an organ donor. We may disclose your health information to organizations involved in procuring banking or transplanting organs and tissues.

12. **Public safety** – We may disclose you health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

13. Specialized government functions – We may disclose your health information for military, national security, prisoner and government benefits purposes

14. Worker's compensation – We may disclose your health information as necessary to comply with worker's compensation laws.

15. Marketing – We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

16. Change of Ownership – In the event that Center for Hand Surgery is sold or merged with another organization, your health information or record will become the property of the new owner.

II. When Center For Hand Surgery May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Center For Hand Surgery will not use or disclose your health information without your written authorization. If you do authorize the Center for Hand Surgery to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. Center for Hand Surgery is not required to agree to the restriction that you requested. To request restrictions you must make your request in writing to our Privacy Official. In your request please include the information you may want to restrict (for example, restricting use to this office only, restricting disclosure to persons outside this office); and to whom you want those restrictions to apply.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. For example you may request that we contact you at home, rather than work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home.) We are required to accommodate *reasonable* requests.
3. You have the right to inspect and pay for a copy of your health information or use the patient portal to see your health information using the password sent to your email.
4. You have the right to request Center for Hand Surgery amend your health information that is incorrect or incomplete. To make this type of request you must submit your request in writing to our Office. You must also give a reason for your request. Center for Hand Surgery is not required to change your health information and will provide you with information about Center for Hand

Surgery's denial and how you can disagree with the denial.

5. You have the right to receive an accounting of disclosures of your health information made by the Center For Hand Surgery except that Center for Hand Surgery does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 6 (certain government functions) of section I of the Notice of Privacy Restrictions.
6. You have the right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Office.

IV. Changes to this Notice of Privacy Practices

Center for Hand Surgery reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Center for Hand Surgery is required by law to comply with this Notice.

If and when this Notice is changed we will post a copy in our office in a prominent location. A copy of the revised Notice is available to you upon written request.

V. Complaints:

Complaints about this Notice of Privacy Practices or how Center for Hand Surgery handles your health information should be directed to:

**Center for Hand Surgery
Privacy Practice
385 Bert Kouns Lp Suite 500
Shreveport, LA 71106-8158**