



## NOTICE OF PRIVACY PRACTICES

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY 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 a 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 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 our 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 how we may use and disclose your medical information. It also describes your right and our legal obligations with respect to your medical information. If you have any questions about this notice, please contact our Privacy Officer listed above.

### **HOW THE HAND CENTER OF SAN FRANCISCO MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

**TREATMENT** We use medical information about you to provide your medical care. We disclose medical information to our employees and to others who are involved in your care. For example, we may share your medical information with healthcare providers such as hospitals who provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to your family and others who can assist you when you are injured.

**PAYMENT** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan or insurance the information it requires before it will pay us. We may also disclose information to other healthcare providers to assist them in obtaining payment for services provided to you.

**HEALTH CARE OPERATIONS** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use or disclose this information to get your health plan to authorize services or referrals. We may also use or disclose this information as necessary for medical reviews, legal services and audits including fraud and abuse detection and compliance programs and business management. We may also share your medical information with our "business associates", such as our billing service, that perform administrative services for us. We have a business contract with each of these business associates that contains terms requiring them to protect your confidentiality. Under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers or health plans that have a relationship with you, when they request this information to assist them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of review of competence qualifications and performance of medical professionals, their accreditation, certification or licensing activities, or their health care fraud and abuse detection efforts.

**APPOINTMENT REMINDERS** We may use or disclose your medical information to contact and remind you about appointments. If you are not available, we may leave this information on your answering machine or with a person answering the phone. We may also call out your name in our waiting room when we are ready to see you.

**NOTIFICATION AND COMMUNICATION WITH FAMILY** We may disclose your health information to notify or assist in notifying a family member or other personal representative about your location or your general condition. We may also disclose information to a family member or representative who is involved with or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to do so prior to these disclosures, although we may disclose this information even over your objection if we believe it necessary in response to emergency circumstances.

**MARKETING** We may give you information in person or by other means about products and services related to your treatment, case management or care coordination. We will not use or disclose your medical information for marketing purposes without your written authorization. We will not sell your medical information for marketing or other purposes that require authorization.

**REQUIRED BY LAW** As required by law, we will use and disclose your medical information but we will limit our use and disclose to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will comply with the requirement set forth below.



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**PUBLIC HEALTH** We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting abuse or neglect or domestic violence; reporting to the FDA problems with products or medication; and reporting disease or infection exposure. When reporting suspected adult or elder abuse or domestic violence we will inform you or your personal representative unless in our best judgment we believe the notification would place you at risk of serious harm.

**HEALTH OVERSIGHT** We may, and are sometimes required by law to disclose your health information to health oversight agencies for the purpose of audits, investigations, licensers and other proceedings, subject to limitations imposed by federal and California law. **Judicial and Administrative Proceedings** We may, and are sometimes required by law to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court order.

**LAW ENFORCEMENT** We may, and are sometimes required by law to 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, warrant, grand jury subpoena and other law enforcement purpose.

**CORONERS** We may, and are sometimes required by law to disclose your health information to coroners in connection with their investigations. Your medical record is protected for 50 years after death and may be disclosed to persons involved in your care prior to your death unless you express previously that this information may not be disclosed.

**PUBLIC SAFETY** We may, and are sometimes required by law to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a specific person or the general public.

**SPECIALIZED GOVERNMENT FUNCTIONS** We may, and are sometimes required by law to disclose your health information for military or national security functions or to correctional institutions that have you in lawful custody.

**WORKER'S COMPENSATION** We may, and are sometimes required by law to disclose your health information to comply with worker's compensation laws. For example, to the extent that your case is covered by worker's compensation we will make periodic report to your employer regarding your condition. We are also required by law to report cases of occupational injury to the employer or worker's compensation insurer.

**CHANGE OF OWNERSHIP** In the event that this medical practice is sold or merged with another organization, your medical record will become the property of the new owner, although you maintain the right to request that copies of your medical records be transferred to another physician or medical group.

### WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose your health information which identifies you without your written authorization. If you do authorize the practice to use or disclose your information you may revoke your authorization in writing at any time.

### YOUR HEALTH INFORMATION RIGHTS

**RIGHT TO REQUEST SPECIAL PRIVACY PROTECTIONS** You have the right to request restrictions on certain uses and disclosure of your health information, in a written request specifying what information you want to limit and what limitations you wish to impose on our use and disclosure. We reserve the right to accept or deny your request and will notify you of our decision.

**Right to Restrict Disclosure to Insurance Carrier When Paying Out-of-Pocket for Services:** You have the right to request that your medical information not be disclosed to your insurance carrier IF you have chosen to pay in full for that service yourself. You must submit any such requests in writing prior to or concurrently with said treatment.



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**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask to receive information only at your home address or work address. We will comply with reasonable requests submitted in writing. This office does not utilize an EHR (Electronic Health Record) and therefore is not required to provide electronic copies of your medical record to you.

**RIGHT TO INSPECT OR COPY** You have the right to inspect and copy your health information, with limited exceptions. You must submit a written request detailing what information you want to access and whether you wish to inspect or receive a copy of it. We will charge a reasonable fee allowed by law. We may deny your request under limited circumstances. If we deny your request you have the right to appeal, or to have your records transferred to another health professional.

**RIGHT TO AMEND OR SUPPLEMENT** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is incorrect or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny the request if we do not have the information, if we did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is complete and accurate as is. You have the right to request that we add to your record a statement of up to 250 words concerning any item you believe to be incorrect or incomplete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except for disclosures provided to you or pursuant to your written authorization or disclosures related to treatment, payment, healthcare operations, communication with family, specialized government functions, or to disclosures otherwise permitted or authorized by law or to health oversight agencies or law enforcement officials to the extent that we have received notice from that agency that such accounting would be reasonably likely to impede their activities.

**RIGHT TO BE NOTIFIED OF BREACH** You have the right to be notified of a breach in the privacy or security of your medical records by this office without unreasonable delay and within 60 days of such breach.

You have a right to a paper copy of this notice, even if you have previously requested its receipt by electronic means.

If you would like to have a more detailed explanation of these rights or if you would like to exercise these rights please contact our Privacy Officer listed at the beginning of this document.

### CHANGES TO THIS NOTICE OF PRIVACY POLICIES

We reserve the right to amend this Notice at any time in the future. Until such amendment is made we are required to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information we maintain, regardless of when it was created or received. We will keep a copy of this notice posted in the office and a copy will be available at each appointment. We will also post this notice on our Website.

### COMPLAINTS

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this document.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington DC20201

You will not be penalized for filing a complaint.