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www.armandhandrehab.com

Privacy Practices Form

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. Arm and Hand Rehab is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, referral, payment or healthcare operations.

Payment

We may disclose your health information to your insurance provider, billing service for the purpose of payment to health care operation.

Worker's Compensation

We may disclose your health information as necessary to comply with State Worker's Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling diseases, 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.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

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.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious or imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

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

Change of Ownership

In the event that Arm and Hand Rehab is sold or merged with another organization, your health information and record will become the property of the new owner.

Appointment Reminder

Our office may contact you at home or work to remind you of your appointment, or if you have missed your appointment. If you are not available, we leave a message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message.

Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Arm and Hand Rehab is not required to agree to the restriction that you requested.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

Our Clinic has open Occupational Therapy areas. Please initial that you acknowledge that the doctor will be doing therapy with you and may discuss your condition and therapy care regimen in this joint occupational therapy area. _____ please initial.

AHR may use protected health information for the following reasons: (you may always opt out of an authorization); marketing; internal referral board, testimonials, pictures on bulletin board, or information unrelated to healthcare and other marketing materials. Should we decide to do any of the above you will be notified with a request for your authorization. _____ please initial.

Changes to this Notice of Privacy Practices

Arm and Hand Rehab reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Arm and Hand Rehab is required by law to comply with this Notice.

Arm and Hand Rehab is required by law to maintain the privacy of your health information and to provide you with 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 if you want more information about your privacy rights, please contact: Office Manager by calling the office at (530) 621-1149. If the Office Manager is not available, you may make an appointment for a personal conference in person or by telephone within two working days.

Complaints

Complaints about your Privacy Rights, or how Arm and Hand Rehab has handled your health information should be directed to the Office Manager by calling this office at (530) 621-1149. If the Office Manager is not available, you may make an appointment for a personal conference in person or by telephone within two business days.

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

**DHHS, Office of Civil Rights, 200 Independence Ave., S.W., Room 509F HHH building,
Washington, DE 20201**

This notice is effective as of April 2014