



## HIPAA - NOTICE OF PRIVACY PRACTICES POLICY

As Required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), updated 2013, this notice describes how medical information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individual identifiable health information (IIHI). Effective 10/18/2017

Ascend Hand Therapy (AHT) is required to provide you with the following important information:

- Our obligations concerning the use and disclosure of your individually identifiable health information (IIHI)
- How we may use and disclose your IIHI
- Your privacy rights

AHT reserves the right to change this notice and the revised notice will be effective for information we already have about you as well as any information we receive in the future. The current notice with its effective date will be posted in the clinic for your review.

### I. AHT's Commitment To Your Privacy

AHT is dedicated to maintaining the privacy of your IIHI by keeping a patient's financial and health information private as required by law and by our internal policies and procedures, including physical, technical, and procedural methods. In the course of our business, we must create records regarding you, your treatment, and your progress. We are required **by law** to maintain the confidentiality of health information that identifies you. The law also requires us to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice regarding your IIHI. To be in compliance with federal and state law, we must follow the terms of the notice of privacy practice.

### II. AHT's Use and Disclosure of Your Individually Identifiable Health Information

**Treatment:** AHT provides occupational therapy and other services necessary to provide optimal rehabilitation to our patients. Because many individuals within the facility need access to your IIHI, we have declared all of our employees as eligible to manage all of your IIHI. Specifically, this means all clinical staff (employed or contracted), all interning students, volunteers, and all office personnel (employed or contracted). All of these individuals are under contract and have been educated regarding patient rights and privacy regulations.

AHT may use your health information to provide you with rehabilitation or related services. We may disclose health information about you to other therapists, your doctors, nurses, technicians, clinical students or other clinical and support personnel needed to assist in optimal care delivery. This disclosure may also include information to educate and train designated family members to assist with your home rehabilitation and activities. We may also disclose this information *in an emergency* if you are unable to express yourself.

**Payment:** Health information about you may be shared with your insurance company, third party payer or you for billing and payment collection. We may need to give your insurance company information about your treatment (Progress Notes) so that they will pay us. Also, we may tell them about treatment you are going to receive to determine whether your plan will cover it.

**Audits:** Your clinical and billing information typically would be accessed for treatment and related billing purposes only. However, clinical and billing audits are required by professional and regulatory standards. Therefore, your records could be randomly selected as part of this



compliance and quality assurance process. We may also use your IIHI or statistical information for our internal clinic management.

**Others:** Other instances when your IIHI may be disclosed are as follows:

- when required by law (e.g. when ordered by a court to disclose certain information) or in judicial or administrative proceedings (e.g. response to a valid subpoena)
- for public health activities (e.g. reporting an adverse medical reaction or regarding potential exposure to a communicable disease)
- to report neglect, abuse or domestic violence
- to avert a health hazard or to respond to a public safety threat (e.g. an imminent crime against another person)
- when deemed necessary by appropriate military command authorities if you are in the Armed Forces
- to notify your employer under limited circumstances related primarily to workplace injury or illness
- to correctional institutions or law enforcement officials if you are in custody or an inmate

### III. Your Privacy Rights

- You have the right to request limited use or disclosure of your IIHI. However, AHT may not be able to agree to your request (e.g. for insurance claims processing).
- You have the right to request confidential communication with you in a different manner or at a different place (e.g., different phone number or mailing address or email address).
- You have the right to inspect and get a copy of your IIHI held by AHT.
- You have the right to request a copy of your electronic medical record in electronic form.
- You have the right to instruct AHT not to share information about your treatment with your health plan when you pay by cash and AHT does not file with your health plan.
- You have the right to revoke your authorization for use or disclosure at any time. Written permission or authorization to use or give out your IIHI for any purpose that is not set out in this notice may be required. Such written authorization may be revoked at any time, unless AHT has already acted based on your prior permission.
- You have the right to amend your IIHI if you believe that it is wrong or if information is missing and AHT agrees. This amendment must be made in writing. If AHT disagrees, you may have a statement of your disagreement added to your IIHI.
- You have the right to get a listing of those getting your IIHI from AHT. (This listing does not include you or your personal representative, your insurance company or other payer, or if it was given out for law enforcement purposes.) This request must be made in writing.
- You have the right to get a separate paper copy of this notice.
- You have the right to be notified following a breach of your unsecured IIHI.
- You have the right to complain if you feel your privacy rights have been violated. If you believe AHT has violated your privacy rights set out in this notice, you may file a complaint with:

Oliver Serrano, HIPAA Compliance Officer

Ascend Hand Therapy, 4897 State Highway 121, Suite 200, The Colony, Texas 75056

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Patient or Parent/ Guardian Signature

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Date