



**The Philadelphia Hand Center, PC and
The South Jersey Hand Center, PC
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.**

This notice takes effect on April 14, 2003 and remains in effect until we replace it. If you have any questions about this notice, please contact our Privacy Officers Andrew B. Cooney or Jennifer S. Kuruc at (610) 768-5940.

1. WHO WILL FOLLOW THIS NOTICE

This notice describes our privacy practices. The Philadelphia Hand Center, PC and The South Jersey Hand Center, PC have elected to report their privacy practices as an affiliated covered entity in accordance with HIPAA regulations. All of our entities, sites and locations follow the terms of this notice.

2. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your protected health information is important to us. We understand that your protected health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this healthcare practice, whether made by your personal physician or others working for our company. This notice will tell you about the ways we may use and share protected health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of protected health information.

3. OUR LEGAL DUTY

Federal and State Law Requires Us to:

1. Keep private health information that identifies you, also known as "protected health information" (PHI).
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your protected health information.
3. Abide by the terms of this notice unless it is changed in the future.

As Permitted by Law, We Have the Right to:

1. Modify or amend our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we keep, including information previously created or received before the change occurred.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available to you upon request. A copy of our in-force notice is posted in our office as well as on our website at www.handcenters.com.

4. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose protected health information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose protected health information. We will not use or disclose your protected health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: We may use protected health information about you to evaluate your health, diagnose medical conditions, and provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share protected health information about you to your other health care providers. We may share protected health information with providers to whom you are referred for treatment. We may transmit protected health information to another provider.

FOR PAYMENT: We may use and disclose your protected health information to bill or to obtain payment from you, your health plan, or a third party. Payment includes submitting protected health information to determine whether you are eligible for coverage under your health plan, whether specific tests or procedures are covered, and the submission of claims or claim inquiries.

FOR HEALTH CARE OPERATIONS: We may use and disclose your protected health information to support the day to day operations of The Philadelphia Hand Center, PC and The South Jersey Hand Center, PC. This might include measuring and improving quality, evaluating the performance of employees, conducting training and educational

programs, and getting the accreditation, certificates, licenses and credentials we need to serve you. It also includes preparation and maintenance of your medical record chart. We may also use this information to conduct investigations into complaints and to resolve grievances.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may use and disclose protected health information for the following purposes:

Notification: Protected health information to notify or help notify: a family member, your personal representative or another person responsible for your care. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medical supplies, x-rays, or protected health information for you.

Disaster Relief: Protected health information may be disclosed to a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising: We may provide protected health information to our affiliated fundraising foundation, Hand Rehabilitation Foundation, to contact you for fundraising purposes. We will limit our use and sharing to contact information and information that describes you in general. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

Research: We may use and disclose health information about you for research purposes. For example, a research project might involve comparing the health and recovery of all patients with a specific injury or condition. Protected health information may be used for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of protected health information. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information trying to balance the research needs with the patient's need for privacy of health information. Before we use or discuss health information for research, the project will have been approved through this research approval process, but we may disclose health information about you to people preparing to conduct a research project. Your information will not leave our facility and the persons preparing the conduct research will be bound by our privacy rules. We will almost always ask for your specific permission if the researcher will have access to your name or other information who reveals who you are.

Funeral Director, Coroner, Medical Examiner: To help them carry out their duties, we may share the protected health information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions: Subject to certain requirements, we may disclose or use protected health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial, Administrative Proceedings, and Inmates: We may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your protected health information with law enforcement officials. We may share limited information with a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may share the protected health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution so that the facility may provide you with health care to protect your health and safety and the safety of others.

Public Health Activities As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your protected health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition. We may share your protected health information if it is necessary to prevent a serious threat to your health or the health and safety of others.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your protected health information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share protected health information when necessary to

help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody. If, in our judgment, sharing this information could place you at increased risk of abuse, we may choose not to disclose such information.

Workers Compensation: We may use and disclose health information for workers compensation or other similar programs in compliance with the laws relating to these programs.

Health Oversight Activities We may disclose protected health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies. We may also report restrictions on your ability to drive a vehicle, as required by state law.

Legal Proceedings: We may use and disclose protected health information to defend the company in any legal or administrative proceeding brought against it by you or any other entity. We may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Appointment Reminders: Your protected health information will be used by our staff or shared to provide a packet of information welcoming you as our patient and to remind you of upcoming appointments. We may leave messages for you on answering machines or with persons at the telephone numbers you provide us.

Incidental Disclosures: It is inevitable that some protected health information may be disclosed to people not involved with your care. We will make reasonable effort to minimize these kinds of disclosure.

Disclosure of your protected health information or its use for other purposes requires your specific written authorization. If after authorizing disclosure of protected health information you change your mind, you may submit a written notice of revocation. However your decision to revoke authorization will not affect or undo any use or disclosure of protected health information which occurred prior to your decision to revoke your authorization.

5. YOUR INDIVIDUAL RIGHTS

You have the right to inspect and obtain copies of your protected health information. You have a right to look at or get copies of your protected health information. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request access you will be required to pre-pay our fee of \$50.00. This payment will be used to cover the cost of supervising your review at the rate of \$25.00 per half hour of time, with a minimum charge of \$50.00. We will bill you for excess charges incurred by you. If you request copies, we will charge you \$2.00 for each page, \$10.00 for each x-ray, plus postage if you want the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure. We will review your request and generally approve it unless there are legal or medical reasons to deny this request.

If we deny access based upon risk to you or another person, you may appeal our decision. This appeal must be in writing to our Privacy Officer. Another health care provider chosen by our practice will review your request and our denial. The person conducting the review will not be the person who denied your original request. We will abide by the outcome of this review. In all other cases, our denial is not subject to appeal.

Generally when we agree to allow access to your records we will do so within thirty (30) days of receiving your written request. If we cannot accommodate this time frame we will provide an estimate of when the records will be available. Even when we agree to allow you access, certain records (as allowed by law) will not be made available. This information includes, but is not limited to, information received from other organizations under a promise of confidentiality, information compiled for use in civil, criminal, or administrative action, and information created in the course of research. You may request the required form from our receptionist, your physician's secretary or our privacy officers.

You have the right to request an accounting of disclosures. You may receive a list of all the times we or our business associates shared your protected health information for purposes other than treatment, payment, and health care operations and other specified exceptions. This list will include the name of the person to whom protected health information was disclosed, a description of the information disclosed and the reason for the disclosures within the past six (6) years, but not prior to April 14, 2003.

We will produce an accounting of qualified disclosures within sixty (60) days of your request. This accounting will be without cost one time in any twelve (12) month period. Subsequent requests will be charged at the rate of \$200.00 each and will be completed only after we receive payment of this fee. You may request the required form from our receptionist, your physician's secretary or our privacy officers.

You have the right to request restrictions. You may request, in writing, that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency). You may revoke such authorization by providing us a written request. You may request the required form from our receptionist, your physician's secretary or our privacy officers.

You have the right to request confidential communications. You may request that we communicate with you about your protected health information by different means or to different locations. Your request that we communicate your protected health information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice. You may request the required form from our receptionist, your physician's secretary or our privacy officers. We are not required to agree, but if we do we will abide by our agreement. You will be responsible for any additional expense we may incur as a result of your request.

You have the right to request amendment to your protected health information. You may request that we change your protected health information to correct errors. We may deny your request if 1) we did not create the information you want changed, unless the person or entity that created the information is no longer available to make the amendment; 2) It is not part of the health information maintained by our practice; 3) It is not part of the information which you would be permitted to inspect and copy; 4) It is accurate and complete; 5) You do not provide a reason that supports your request.

If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept your request to change information, we will make reasonable efforts to tell others, including people you name, of the change and will include the changes in any future sharing of that information. Generally, your written request for an amendment of your protected health information will be reviewed and you will be notified of our decision within sixty (60) days. If we agree that the information is incorrect we can either correct it or append the record with the correct information. We will request that you authorize us to notify the persons or organizations that have been sent any incorrect information. If we disagree with your request to append the record, you can request, in writing, that we include your requested change, along with our denial, as part of your record with any future disclosures of the protected health information. If you disagree with our determination you may submit a statement of less than 200 words explaining your reason for disagreement. In this case all future disclosure of this information will include a copy of your statement. Your request must be submitted in writing to your physician's secretary.

You have the right to request a paper copy of this notice. You may request a paper copy of this notice at any time. You may obtain a copy from our receptionist. You may also obtain a copy of this notice from our web site at www.handcenters.com.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us in writing. Please ensure that you describe the cause of your concern. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the secretary of the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

Privacy Officer Information: The names and addresses of the persons you may contact for further information about our privacy policies:

Andrew B. Cooney, Executive Director
The Philadelphia and South Jersey Hand Centers
Administrative Offices
700 S. Henderson Road, Suite 200
King of Prussia, PA 19406
Telephone: 610.768.5940

Jennifer S. Kuruc, Director of Practice Operations
The Philadelphia and South Jersey Hand Centers
Administrative Offices
700 S. Henderson Road, Suite 200
King of Prussia, PA 19406
Telephone: 610.768.5940

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice for health information we have about you as well as any information we receive in the future. We will post a copy of the revised or changed notice in our facility or on our web site at www.handcenters.com.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

We will request that you sign a separate form or notice acknowledging that you have reviewed this notice. If you choose or are not able to sign, a member of our staff will sign their name and date. This acknowledgement will be filed with your records.

Rev. 4/14/03