

Shoulder & Hand Therapy Center Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) require that you receive a notice of our privacy practices for your Protected Health Information (PHI). This Privacy Notice applies to all your health information including your record at the Shoulder & Hand Therapy Center and health care records received by us from other sources necessary to provide proper care. We are required by law to keep your PHI confidential, give you a copy of this Notice of Privacy Practices, and follow the terms set forth in the current notice.

How we may use and disclose your Protected Health Information.

- **For Treatment:** We may use or disclose your PHI to doctors, nurses, or other healthcare professionals who are involved in your health care.
- **For Payment:** We may use or disclose your PHI to your health insurance to obtain approval of treatments or get payment for services we provide for you.
- **For Health Care Operations:** We may use or disclose your PHI to review our services and programs.
- **For Appointment Reminders:** We may use or disclose your PHI to contact you as a reminder that you have an appointment for treatment.
- **For Marketing:** We may use or disclose your PHI to contact you about open houses or events we are participating in within the community. We do not sell your information to other entities.

The law provides that we may use or disclose your PHI from our records (even after your death) without your permission in the following circumstances:

- **As Required by Law:** We may disclose your PHI when required to do so by law.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by the law. These include audits, investigations, inspections, etc., necessary to govern or monitor the healthcare delivery system.
- **Public Health Risks:** We may disclose your PHI for public health activities such as the tracking, prevention, or control of certain diseases, injuries, and disabilities.
- **To Avert a Serious Threat to Health or Safety:** We may disclose or use your PHI if necessary to prevent a serious threat to you or the health and safety of the public or another person.

Your rights regarding your health information

- **Right to inspect and copy:** in most cases, you have the right to look at or get copies of your records. You must make the request in writing and you may be charged a fee for the cost of copying your records.
- **Right to Amend:** If you feel there is an error or missing information in our records, you must request a change in writing, and provide a reason that supports your request. We may deny your request. We will state the reasons for denial and explain your rights to have the request and denial appended to your PHI.
- **Right to Know What PHI We Have Released:** You have the right to request in writing, a list of disclosures we made of your PHI for purposes other than those listed in the Privacy Notice. You must state the period of time the list should cover (no longer than six years back).
- **Right to Request Restrictions:** You have the right to ask us to limit how your PHI is used or disclosed. You must make the request in writing, and tell us what information you want to limit and to whom the limits apply. Please note that we are not required to agree to your request. If we do comply with your request, we will do so unless the information is needed to provide you with emergency care or we may disclose this information without your consent.
- **Right to Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain place, i.e. you may want to use your work address/phone instead of home. You must make this request in writing; no explanation is required. We will honor all reasonable requests.
- **Right to Authorize a Release of PHI:** You may make other request for your PHI, in writing, and you can change your authorization at any time.
- **Right to a Paper Copy of this Notice:** You have the right to request a copy of this notice at any time. We have the right to change our privacy practices and this notice at any time. We will post a copy of the current notice in our office.

To get more Information or File a Complaint about our Privacy Practices:

If you have any questions about this notice, please contact our Privacy Officer listed below. If you believe we have violated your privacy rights, you may file a written complaint to our Privacy Officer. You will not be affected by filing a complaint.

Privacy Officer
Shoulder & Hand Therapy Center
849 Volunteer Dr. Suite 8
Paris, TN 38242
Phone: 731-642-0778