

HAND CENTER OF EVANSVILLE, LLC, NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice applies to all health records that we maintain for you. Hand Center of Evansville (HCE) is required by law to maintain the confidentiality of your protected health information (PHI) and to give you this Notice describing our practices and legal duties and your rights regarding your PHI. HCE must follow the terms of the Notice that is in effect. The practices described in this Notice apply to all our employees, volunteers, students-in-training, contract staff, providers and any other persons authorized to make entries into or obtain information from your medical record. The terms of this Notice apply to all services of HCE.

DISCLOSURE OF INFORMATION FOR TREATMENT, PAYMENT, AND OPERATIONAL PURPOSES

When you seek medical treatment at HCE, your information may be used within HCE and disclosed outside of HCE for the following (by example rather than limitation):

Treatment: Information gathered by the persons treating you is entered into your record and used to determine your course of treatment and response. This information may be shared with other parties involved in your care including your primary care physician, referring physician, or other facilities or providers to whom you may be referred.

Payment: HCE may use your information to verify your insurance coverage. A bill will be sent to you, your insurer or some other third party identified as a payer for your claim. We may disclose billing information to other health care providers involved in your care so that they have correct billing information. If you are overdue in paying your bill, information about you may be shared with collection agencies.

Health Care Operations: We will use your PHI for operational purposes such as, staff assessment and training, education programs, and quality reviews of our treatment and business processes. Your PHI may be disclosed to students or visiting observers who observe treatment and other processes during supervised programs within HCE. Your PHI may be disclosed to other providers involved in your care for their own health care operations.

Business Associates: We may disclose your PHI to certain third parties known as Business Associates who contract with us to perform certain services for or on our behalf. These third parties are obligated by law and by their contract to take certain steps to protect your health information.

Marketing and Fundraising: HCE does not engage in these activities at this time.

To Avert a Serious Threat to Health or Safety: HCE may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat, on or the general public.

Military Activity and National Security. HCE may use or disclose the PHI of individuals who are Armed Forces personnel or activities deemed necessary by appropriate military-command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized. If required by the appropriate military command authority (military patients only).

Organ and Tissue Donation. HCE may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ-donation bank as necessary to facilitate organ or tissue donation and transplantation.

Workers' Compensation. HCE may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks and Patient Safety Issues. HCE may disclose health information about you for public health activities and purposes to a public health authority that is permitted by law to receive the information. For example, disclosures may be made for the purposes of preventing or controlling disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; and to notify people of recalls of products that they may be using; to report that a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to report to the appropriate government authority if it is believed that a patient has been the victim of abuse, neglect or domestic violence (HCE will only make this disclosure when required or authored by law).

Health Oversight Activities. HCE may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefit programs and compliance with civil-rights laws.

Legal Proceedings. HCE may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court of administrative tribunal (to the extent such disclosure is expressly authorized) or in certain conditions in response to a subpoena, discovery request of other lawful process.

Law Enforcement. HCE may disclose PHI for certain law enforcement purposes, such as: in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at HCE; and in emergency circumstances, to report a crime, the location of the crime or victims, or the identify, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. HCE may release health information to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death; or to funeral directors as necessary for their duties.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, HCE may release health information to the correctional institution or law enforcement official. This release would be if necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment of Your Care. Unless you object, we may disclose to a family member, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your protected health information to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

USES AND DISCLOSURES OF HEALTH INFORMATION THAT DO REQUIRE YOUR AUTHORIZATION

HCE will use your health information and disclose it outside of HCE for purposes of treatment, payment and health care operations when permitted or required by law as outlined above. HCE will not disclose or sell your health information for marketing purposes. Additionally, certain disclosures of your psychotherapy notes, mental health records, and drug and alcohol abuse treatment records may require your prior written authorization.

PATIENT RIGHTS REGARDING HEALTH INFORMATION

Inspect and Copy: You have the right to inspect and copy of the PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this health information, your request must be made in writing to HCE. We have up to 30 days to make your health information available to you and we may charge a reasonable fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy your information in some limited circumstances. If denied access, you may request review of a denial, at which time another licensed healthcare professional who was not directly involved in the denial of your request will be chosen to review your request and the denial. The person conducting the review will not be the person who denied your request. HCE will comply with the outcome of the review.

Right to Receive Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Amend. If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, contact the Privacy Office at HCE for a form to complete.

Right to an Accounting of Disclosure. You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and healthcare operations, or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to HCE.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to HCE. We are not required to agree to your request. If we do agree, we will comply with your restriction unless the information is needed to provide emergency medical treatment. HCE is not required to agree with your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes, and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket Payments. If you paid out-of-pocket in full because you do not want us to bill your health plan for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to HCE and it must specify how and where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time, even if you have agreed to receive this notice electronically. You may also find a copy of this Notice on our website at www.handcenterofevansville.com

Other Uses of Protected Health Information. Other uses and disclosures of your protected health information not covered by this Notice or allowed by law will be made only with your written permission. If you provide permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, HCE will no longer use or disclose protected health information about you for the reasons covered by your written authorization. HCE is unable to take back any disclosures it may have already made with your permission.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future. The revised Notice of Privacy Practices will be posted in our office and on our web site: www.handcenterofevansville.com The Notice will contain on the bottom of the second page, the effective date of the Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with HCE or with the Secretary of the Department of Health and Human Services. To file a complaint with HCE, please submit a complaint in writing to HCE. If you have further questions about this Notice of Privacy Practices, please contact the Privacy Officer, at 812-402-4263 or toll free at 1-888-465-4263. Contact Information: Privacy Officer, Hand Center of Evansville, 1150 Lincoln Avenue, Evansville, IN 47714.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

Effective Date: 9/23/2013