



PATIENT PRIVACY NOTICE  
EFFECTIVE APRIL 14, 2003

This notice describes how Advanced Hand Rehabilitation (AHR, PC) may use or disclose private healthcare information (**PHI**), the limits of our use, how we protect your privacy, and how you may access and restrict distribution of this information.

**PLEASE READ THIS NOTICE CAREFULLY.**

Recently, the federal government enacted laws that protect an individual's private healthcare information. AHR, PC is required to abide by the regulations for disclosure of PHI. We are also required by federal law to inform you of our responsibilities and our policies for protecting your PHI. However, we reserve the right to change the terms of this notice, and our privacy policies, to maintain compliance with all federal regulations. We will post any changes in our main reception area, and you may request a copy of this notice from our privacy officer.

**1. HOW WE MAY USE AND DISCLOSE YOUR PHI.**

AHR, PC may use and disclose health information for many reasons, and with some exceptions, we may not use or disclose more of your PHI, than is necessary, to accomplish the purpose for the use and disclosure. For some uses and disclosures, we are required to obtain your consent or authorization as indicated, and as follows.

- A. FOR TREATMENT: AHR, PC may disclose your pertinent PHI to hospitals, physicians, nurses, and other healthcare personnel, who are actively providing healthcare services and/or are directly involved in your ongoing healthcare.
- B. TO OBTAIN PAYMENT FOR TREATMENT: AHR, PC may use and disclose your PHI in order to bill and collect payment for therapy services provided to you.
- C. FOR HEALTH CARE OPERATIONS: AHR, PC may disclose your PHI in order to operate our medical practice. We may use your PHI to evaluate the quality of healthcare services or other healthcare professionals who provided services to you. We may also disclose your PHI to our attorneys, and/or consultants in order to ensure our compliance with the laws that affect us.

**2. WHEN WE MAY NOT REQUIRE YOUR CONSENT TO USE OR DISCLOSE YOUR PHI.**

- A. EXCEPTIONS: certain emergent and or urgent, life-threatening situations would not require your consent, and would permit us to use or disclose your PHI to the extent of providing medically necessary services.
- B. When disclosure is required by Federal, State, or Local law, judicial or administrative proceedings, or law enforcement.
- C. For public health and or government officials collecting PHI regarding various diseases, deaths, or conducting investigations and or inspections.
- D. To avoid harm or serious threat to the health and or safety of a person or the public, to provide PHI to law enforcement personnel in order to prevent or lessen such harm or threat.
- E. For specific government functions, national security purposes, or intelligence operations.
- F. For worker's compensation compliance laws.

**3. YOUR OPPORTUNITY TO OBJECT AND OR LIMIT USE AND DISCLOSURE OF PHI.**

- A. AHR, PC may provide your PHI to family members, a friend or other person(s) that you indicate as being involved in your healthcare or involved in providing/processing payment for your healthcare, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergent situations.
- B. In any other situation otherwise not mentioned previously, AHR, PC will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing, to stop any future uses to the extent that we haven't taken any action relying on the authorization.

4. **YOUR RIGHTS REGARDING YOUR PHI.**

- A. You have the right to request limits on uses and disclosure of your PHI. AHR, PC will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. You have the right to choose how AHR, PC will send your PHI to you. You have the right to ask that we send information to an alternate physical address, or by an alternate means. We must agree to your request and have the ability to provide it easily, in the manner you have requested.
- C. You have the right to see and to obtain copies of your PHI, but you must make that request in writing. AHR, PC will respond to your request within 30 days of receipt of your written request, and in certain situations may deny your request. If we deny your request, we will notify you in writing our reason(s) and we will explain your right to have the denial reviewed.
- D. If you request copies of your PHI, AHP, PC shall charge a \$10.00 search fee, plus \$1.00 per page in accordance with N.J.A.C. 8:43G-15.3, not to exceed a maximum fee of \$200 for the entire record. In some cases, we will provide you with a summary of the PHI requested, with an explanation of the PHI, as long as you agree to the summary and the cost in advance.
- E. You have the right to request a list of the disclosures AHP, PC has made. The list shall not include uses or disclosures that you previously consented to, such as those for treatment, payment, or healthcare operations. The list shall not include uses and disclosures made for national security purposes, to corrections and law enforcement personnel, or before April 01, 2003. We shall charge a search fee of \$10.00 plus \$1.00 per page. We shall not process more than one request per year.
- F. You have the right to correct and/or update your PHI if you believe that there is a mistake, or that a piece of information is missing. You must provide your request and the reason(s) in writing. AHR,PC will respond within 60 business days. We may deny your request in writing if the PHI is: (1) correct and or complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state our reason(s) and explain your right to file a written statement of disagreement.
- G. You have the right to receive a copy of this notice.

5. **HOW TO COMPLAIN ABOUT OUR PRIVACY POLICIES AND PRACTICES.**

- A. If you think that AHR,PC may have violated your privacy rights, or if you disagree with a decision that we made about access to your PHI, you may file a written complaint.
- B. Your complaint should be addressed to: Privacy Officer, Advanced Hand Rehabilitation, 2444 Highway 34 North, Manasquan, NJ 08736. You may also send a written complaint to the Secretary of Health and Human Services in Washington DC.