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Suite 1000  
Atlanta, GA 30342  
404-255-1242



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## **Notice of Privacy Practices**

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

### **INTRODUCTION**

At *The Hand & Upper Extremity Rehabilitation Center of Georgia, L.L.C.* we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect from you, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4-14-03, and applies to all protected health information as defined by federal regulations.

### **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you contact *The Hand & Upper Extremity Rehabilitation Center of Georgia, L.L.C.* a record of your contact is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care. It also contains a description of the equipment or supplies we provide for you. This information is often referred to as your health or medical record and serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decision when authorizing disclosure to others.

### **YOUR HEALTH INFORMATION RIGHTS**

Your health record is the physical property of *The Hand & Upper Extremity Rehabilitation Center of Georgia, L.L.C.* but the information it contains belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Request amendment to your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **OUR RESPONSIBILITIES**

*The Hand & Upper Extremity Rehabilitation Center of Georgia, L.L.C.* is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.



*The Hand & Upper Extremity  
Rehabilitation Center*  
OF GEORGIA, L.L.C.  
THERAPY OF THE HAND, ELBOW AND SHOULDER

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the Privacy Officer at (404) 255-0226.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

#### ***We will use your health information for treatment.***

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

#### ***We will use your health information for payment.***

**For example:** A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

#### ***We will use your health information for regular health operations.***

**For example:** Members of the medical staff may use information in your health record to assess the care and outcomes in your case and other cases like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

**Business associates:** There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require our business associate to appropriately safeguard your information.

**Worker's compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.