

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Sanders Hand Therapy, Inc.

Legal Duty

Sanders Hand Therapy, Inc. is required by law to protect the privacy of your personal health information, provided this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Sanders Hand Therapy, Inc. uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, **Sanders Hand Therapy, Inc.** may use your personal health information in consulting with your referring physician, or consulting with all parties participating in the reimbursement issues.

Sanders Hand Therapy, Inc. may use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes and for emergencies. We also provide information when required by law.

In any other situation, **Sanders Hand Therapy, Inc.** policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Sanders Hand Therapy, Inc. may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the lobby and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENTS INDIVIDUAL RIGHTS

You may have the right to review or obtain a copy of personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances **Sanders Hand Therapy, Inc.** will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that **Sanders Hand Therapy, Inc.** may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on **Sanders Hand Therapy, Inc.** Health Information Practices or if you have a complaint, please contact the following person:

Janet M. Sanders, OTR/L, CHT
c/o **Sanders Hand Therapy, Inc.**
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