



Regional Hand Center
Regional Hand Center of Central California
2139 E Beechwood Ave, Fresno CA 93720
720 W. Main St., Suite A, Visalia CA 93291
(559) 322-6600 (559) 322-4625 fax

Effective Date: September 23, 2013
Revised: May 14, 2018

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by Regional Hand Center and how you can get access to this information.

Please review it carefully.

What is this Notice and Why Is It Important?

This notice is required by law to inform you of how your health information will be protected, how Regional Hand Center may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please contact Regional Hand Center Privacy Officer at 559-322-6600.

Each organization listed below agrees to follow the practices described in this Notice:

Regional Hand Center of Central California
Randi A. Galli, M.D., Inc. DBA Regional Hand Center

Understanding Your Health Information

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as:

- a basis for planning your care and treatment;
- a means of communication among the health professionals who contribute to your care;
- legal documents of the care you receive;
- a means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed;
- a data source for medical research and public health;
- a source of data for planning facilities, marketing healthcare services, and fundraising;
- a tool for educating health professionals;
- a tool with which we can assess and work to improve the care we provide.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand how others may access and use your health information, and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the right to be notified in the event of a breach of your health information.

You have the following rights related to your medical and billing records kept by Regional Hand Center:

Obtain a copy of this notice.

You will receive a copy of this notice either by mail or at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions from the Reception Desk, from your Care Center location - or by calling 559-322-6600

Authorization to use your health information.

Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your health information.

You may request a hard copy or electronic copy of your health information that Regional Hand Center keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

Amend your health information.

If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and you may pick up a form for this purpose at Regional Hand Center

Request confidential communications.

You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

You have the right to request that a health plan not be informed of treatment that was paid for in full by the individual.

Limit our use or disclosure of your health information

You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Accounting of disclosures.

You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about the surgery you had.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The notice will contain the effective date on the first page on the top left hand side. At any time you may request a copy of the current Notice in effect.

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations

We will use your health information to facilitate your medical treatment.

For example: Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of your medical treatment. Your provider may document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they take and their observations as appropriate. In that way, the physician will know how you are responding to treatment. We will also provide your physician, or other healthcare providers involved with your treatment (e.g. specialists, consulting physicians, anesthesiologists, therapists, etc.) with copies of various reports that should assist them in treating you.

We will use your health information to collect payment for health care services that we provide.

For example: A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

We will use your health information to facilitate routine healthcare operations.

For example: Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services we provide. We may permit Regional Hand Center to use your health information to support necessary business, financial, and clinical functions. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, and determining the need for new healthcare services.

We will use your health information to help us educate medical staff, residents, and students.

For example: Regional Hand Center has associations with a variety of schools involved in the education of health professionals. All staff, residents, and students must sign a confidentiality agreement before accessing any health information maintained by Regional Hand Center.

We will use your health information to notify your family and friends about your condition.

For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

We may use your health information to inform persons about your death.

For example: We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

Examples of Uses and Disclosures for Other Purposes

Appointment Reminders:

We may use your health information to provide you with appointment reminders of upcoming clinic visits.

Alternative Treatments:

We may use your health information to provide you with information about alternative treatments such as acupuncture, biofeedback, massage therapy, and stress reduction.

Marketing:

We will not use or sell patient health information for marketing purposes without the patient's expressed permission.

Research:

We may contact you to request your participation in an authorized research study. If the study provides any type of healthcare treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be used during the course of the study, and whether any of your health information rights are affected. You will need to authorize the use of your health information and agree to any suspension of your rights to participate in the study; however you may revoke this authorization at any time. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to protect the privacy of your information.

Workers compensation:

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

Organ procurement organizations:

Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

Public health:

We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

To avert a serious threat to health or safety:

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Correctional institution:

Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.

Law enforcement:

We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

Food and Drug Administration (FDA):

We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Device Manufactures:

If you receive a medical device that is implanted or which is used for life support functions, we may disclose your name, address and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

Business associates:

There are some services provided in our organization through contracts with business associates. Examples include transcribing your medical record, surveying for patient satisfaction, and a copy service we use when making copies of your health record. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a Business Associate Agreement verifying they will appropriately safeguard your information as mandated by HIPAA OMNIBUS RULE.

Special Situations**Military and Veterans:**

If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities:

We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others:

We may disclose your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

Regulatory oversight:

We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member or business associate believes in good faith that Regional Hand Center has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions or would like additional information regarding this notice, you may contact Regional Hand Center Privacy Officer at (559) 322-6600 ext. 1105.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact Regional Hand Center Patient Representative at (559)322-6600 ext. 1105.

You may also send a written complaint addressed to United States Department of Health & Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Room 509 HHH Building, Washington, DC 20201.

HIPAA Omnibus Rule Website Link:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html>

Regional Hand Center will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.