

CENTER FOR HAND & EXTREMITY RECONSTRUCTIVE SURGERY, PLC

Joseph F. Failla, M.D.

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

NOTICE OF PRIVACY PRACTICES Effective Date: September 23, 2013

Our Commitment to Privacy

You have entrusted the Center for Hand & Extremity Reconstructive Surgery, PLC (the “Center”) with the responsibility for providing health care for you and your family. We are dedicated to maintaining your trust. We know that the privacy of your personal medical information is important to you. That is why we take the responsibility to protect the privacy of your personal medical information very seriously.

The Center and similar health care providers are required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of patients’ PHI and to abide by the terms of its Notice of Privacy Practices (“Notice”). This Notice describes how we may use and disclose your PHI to carry out treatment, receive payment or to support the operations of the Center or for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

PHI (“PHI”) refers to information about you, including demographic information that may identify you and relates to your past, present, and future physical or mental health or condition, and related health care services. It does not include certain information including employment records, certain education and student records, or records of people who have been deceased for more than 50 years.

The Center is required by law to maintain the privacy of PHI, to provide individuals with Notice of our legal duties and privacy practices, to provide notice of breaches to affected individuals, and to abide by the terms of this Notice. The terms of this Notice may be changed at any time. If this happens, the terms of the new Notice will be effective for all PHI that we maintain at that time. You may request a revised copy of this Notice by calling the Center to ask that a revised copy be mailed to you, or by asking for one at the time of your next appointment.

If you have any questions about this Notice or questions or complaints about how we handle your medical information, please contact the Center’s Privacy Official at the following address:

**Joseph M. Failla, M.D.
Center for Hand & Extremity Reconstructive Surgery, PLC
29829 Telegraph Road
Southfield, Michigan 48034
Telephone: (248) 352-4263**

Your Health Information Rights

You have the following rights with respect to your PHI:

You have the right to obtain a paper copy of this Notice upon request. Upon request, you have the right to obtain a paper copy of this Notice from us, even if you have agreed to accept this Notice electronically. To obtain a paper copy, call the Center and request that one be mailed to you or you may ask for a paper copy at the time of your next appointment.

You have the right to inspect and copy your protected health information. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain such information. A designated record set contains medical, billing and any other records that your physician or the Center uses for making decisions about you. If your request can be granted, the Center will provide you with your PHI that we maintain in our designated record set in the form and format request, including electronically for electronic records, if it is readily producible in such form or format or, if not, in a readable hard copy form or such other format as agreed to by the Center and you. You may request that we transmit a copy of your PHI directly to another person, provided your request is in writing, signed by you, and you clearly identify the designated person and where to send the copy of your PHI. We may charge you a fee for the costs of copying mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that this denial be reviewed. A licensed health care professional will be chosen to review the request and the denial.

You have the right to request a restriction on certain uses and disclosures of your protected health information. This means you may ask us not to use or disclose any part your information for the purposes of treatment, payment, healthcare operations or to family members or friends who may be involved in your care or for notification purposes as described in this Notice. You must state the specific restriction and to whom it applies. We are required to agree to a request to restrict the disclosure of your PHI to a health plan if: (a) the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law; and (b) the PHI pertains solely to a health care item or service for which you, or a person on your behalf other than the health plan, has paid the covered entity out-of-pocket in full. We may not be required to agree to all other restriction requests and, in certain cases, we may deny your request. To request a restriction on the uses and disclosures of your PHI, please submit a written request to the Center's Privacy Official at the address listed on the first page of this Notice.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you may request that we contact you about medical matters only in writing or at a different residence or post office box. We will accommodate reasonable requests. We may need to ask you information as to how payment will be handled or specifics on an alternative address or method of contact. We will not ask you the reason for your request. Please write to the Center's Privacy Official to make this request.

You may have the right to have your physician amend your protected health information. You may request an amendment to your PHI in a designated record set for as long as we maintain this information. In certain circumstances, your request for an amendment may be denied. If your request is denied, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement. If this were to be the case, we will provide you with a copy of the rebuttal. If you have questions about amending your record, please contact the Center's Privacy Official.

If we have made certain disclosures of your protected health information, you have the right to receive an accounting. This applies to certain disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. You have the right to receive specific information regarding such disclosures that occur for six years prior to your request. Depending on the compliance date required by law for a particular record, an accounting of disclosures from an electronic health record will include disclosures for treatment, payment, or health care operations. Records of such disclosures from an electronic health record must be maintained for three years. Your right to receive this information is subject to certain exceptions, restrictions and limitations. To request an accounting, contact the Center's Privacy Official in writing. Your first request in a 12-month period is free. After that, we may charge you for additional requests.

The right to receive written notification of a breach of your unsecured protected health information. We have a legal duty to provide you with written notification of a breach where your unsecured PHI has been accessed, used, acquired, or disclosed to an unauthorized person as a result of such breach, and the breach compromises the security and privacy of your PHI. Unless specified in writing by you to receive this breach notification by electronic mail, we will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

Uses and Disclosures of Protected Health Information

The following examples explain the type of uses and disclosures of your PHI that our medical office is permitted to make. These examples are not meant to be exhaustive.

Uses and disclosures of protected health information for treatment

Treatment is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more health care providers. For example, your PHI may be shared, if necessary, with other health care providers who may be treating you or to whom you have been referred to ensure that they have the necessary information to diagnose or treat you. We may share your information with medical students if they were to see patients in the office. We may ask that you sign your name and indicate your physician on a sign-in sheet at the registration desk. We may call you by your name in the waiting room when your physician is ready to see you. We may contact you to remind you of an appointment. We may exchange your PHI electronically for treatment and other permissible purposes.

Uses and disclosures of protected health information for payment

Payment includes, but is not limited to, actions to make coverage determinations and receive payment. For example, your health insurance plan may need this information to be able to determine if approval or payment for services we recommend is warranted by reviewing eligibility or coverage, medical necessity and undertaking utilization review activities.

Uses and disclosures of protected health information for health care operations purposes

Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, and otherwise supporting the business activities of the Center. For example, these activities include, but are not limited to: quality assessment, employee review, training of medical students, licensing, and creating de-identified data We may use or

disclose your information to be able to provide you with treatment alternatives and other health related benefits and services, use your name and address to mail you a newsletter, information about products or services that may be beneficial to you. If you do not wish to receive these materials, please write to the Center's Privacy Official at the address listed on the first page of this Notice.

Use of business associates

There are some services provided by or to us through arrangements with our business associates. Examples of business associates include claims processors or administrators, records administrators, attorneys, etc. We may disclose PHI to our business associates that help us with our administrative activities. We may use business associates or subcontractors to provide legal services to us, to bill you or your third party payer for services rendered, to assist us with responding to a request for records, or any other permissible activities. Those business associates may disclose information to their subcontractors and as needed for their own proper management and administration or to fulfill their legal responsibilities. We will make sure that we have a written contract with these business associates that contains terms protecting the privacy of your health information.

Uses and disclosures of protected health information based upon your written authorization

Under certain circumstances, your PHI will be used or disclosed only with your written authorization, unless otherwise permitted or required by law as described in this Notice. For example, we will obtain your written authorization before using or disclosing your PHI for the following purposes: (a) most uses and disclosures of psychotherapy notes; (b) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (c) disclosures that constitute a sale of PHI; and (d) other uses and disclosures not described in this Notice. Unless otherwise permitted by applicable laws and rules or by your written authorization, we will not directly or indirectly receive remuneration in exchange for your PHI. You may revoke your authorization, in writing, at any time, except to the extent that your physician or the Center has taken an action in reliance on the use or disclosure indicated in the authorization. If you wish to revoke your authorization, you can follow the instructions on the authorization form.

Uses and disclosures permitted and required that may be made without your authorization or opportunity to object

Under the following circumstances, your PHI may be used or disclosed without you having the opportunity to agree or object to all or part of this use and disclosure.

Communication with individuals involved in your care or payment for your care: Health care professionals, using their professional judgment, may disclose your PHI to a family member, other relative, close personal friend or any person you may identify, when such communication is relevant to that person's involvement in your care or payment related to your care.

Fundraising communications: We may contact you to raise funds for our benefit. You have the right to opt out of receiving such communications.

Limited data set and de-identified information: We may use or disclose your PHI to create a limited data set or de-identified data, and use and disclose such information as permitted by applicable laws and rules.

Emergencies: We may use and disclose your PHI as necessary in an emergency treatment situation.

Required by law: We will use and disclosure your PHI as required by law. This information will be limited to the relevant requirements of the law. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 *et seq.*

Public health: To comply with the request of a public health authority that is authorized by law to receive this information for the purpose of controlling disease, injury or disability. If directed by the public health authority, we may have to disclose your information to a foreign government agency that is collaborating with the health authority.

Disease prevention: If authorized by law, the information may be released to a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading the disease or condition.

Health oversight: If requested by a health oversight agency, PHI may be released for activities authorized by law such as audits, investigations, and inspections. Examples of oversight agencies are government agencies overseeing the health care system, government benefit programs, and other government regulatory programs and civil rights laws.

Victims of abuse, neglect or domestic violence: If requested by a public health authority authorized by law to receive reports of child abuse or neglect. We may also release this information, consistent with the requirements of applicable federal or state laws, to the government entity authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence.

Food and Drug Administration: PHI may be released to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological products deviations, track products, enable product recalls, make repairs or replacements or conduct post marketing surveillance, as required.

Judicial and administrative proceedings: We may use and disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in response to a subpoena, discovery request or other lawful process.

Law enforcement: We may use and disclose your PHI for law enforcement purposes when applicable legal requirements are met which include (a) legal processes and otherwise required by law, (b) limited information requests for identification and location purposes, (c) when pertaining to victims of a crime, (d) when there is suspicion that death has occurred as a result of criminal conduct, (e) in the event that a crime occurs on the premises of the Center, and (f) in the event of a medical emergency (not on the Center's premises) where it is likely that a crime has occurred.

Coroners, medical examiners, funeral directors, and organ or tissue procurement organizations: We may use and disclose your PHI when requested by a coroner or medical examiner for identification purposes, to determine cause of death or to perform other duties authorized by law. If the information requested by a funeral director as authorized by law, we may use and disclose PHI to allow the director

to carry out their duties. Protected information may be released in reasonable anticipation of death or for cadaver organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the proposal and established protocols to ensure the privacy of your PHI.

To avert a serious threat to health or safety: We will use and disclose your PHI when we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military and veterans, national security and intelligence activities, and protective services for the President and others: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority. We may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Workers' compensation: We may use and disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

Correctional institutions: If you are, or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents when necessary for your health or the health and safety of others.

For More Information or to Report a Problem

If you have questions or would like more information about the Center's privacy practices, you may contact the Center's Privacy Officer at the address listed on the first page of this Notice. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at the same address or with the Secretary of the United States Department of Health and Human Services. Be assured that we will not retaliate against you for filing a complaint.