Notice of Privacy Practices

ProActive Hand & Physical Therapy, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. The conditions listed below will outline how we may use or disclose your health information.

ProActive Hand & Physical Therapy, LLC collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of ProActive Hand & Physical Therapy, LLC, but the information in the record belongs to you. The law permits ProActive Hand & Physical Therapy, LLC to use or disclose your health information for the following purpose:

1. **Treatment**
2. **Payment**
3. **Regular Health Care Operations**
4. **Notification to and Communication with Family** - We may disclose your health information to a family member, your personal representative, or someone responsible for your care regarding your location, your general condition or other information that we deem necessary. If you are in a position to agree or object to this release of information, you will have the opportunity to do so. If not, our health professionals will use their best judgment in communicating with your family and others.
5. **As Required by Law**
6. **Public Health** - As required by law, we may disclose your health information to public health authorities for purposes related to:
    - Preventing or controlling disease
    - Injury or disability
    - Reporting child/adult abuse or neglect
    - Reporting domestic violence
    - Reporting to the Food and Drug Administration problems with products and reactions to medication
    - Reporting disease or infection exposure
7. **Health Oversight Activities** - We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
8. **Judicial and Administrative Proceedings** - We may disclose your health information in the course of any administrative or judicial proceeding.
9. **Law Enforcement** - We may disclose your health information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. **Deceased Person** - We may disclose your health information to coroners, medical examiners, and funeral directors.
11. **Worker's Compensation** - We may disclose your health information as necessary to comply with worker's compensation laws.

I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION:

Signature: _____ **Date:** _____