

request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of this notice. You may ask us to give you a copy at any time. To request a copy of this notice, you must make your request in writing to the Privacy Officer.

3. Complaints

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Chuck Renner at 417-889-4800 for further information about the complaint process.

Patient Rights and Responsibilities - Outpatient

The patient has the right to:

Receive the necessary help to regain or maintain his or her maximum state of health and, if necessary, cope with death.

Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of service.

Expect full recognition of individuality, including personal privacy in treatment and care. In addition, all communications and records are to be kept confidential.

Complete information, to the extent known by the provider, regarding diagnosis, treatment, procedure and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment and procedure.

Be fully informed of the scope of the services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.

Be a participant in decisions regarding the intensity and scope of the treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated representative.

Make informed decisions regarding his or her care.

Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the facility.

Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health care facility, or as required by law or third party payment contract.

Be informed of any human experimentation or other research / educational projects affecting his or her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.

Express grievances / complaints and suggestions at any time.

Assistance in changing primary or specialty physicians or dentists if other qualified physicians / dentists are available.

Provide patient access to and / or copies of his or her individual medical records.

Be informed as to the facility's policy regarding advance directives / living wills.

Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.

Express those spiritual beliefs and cultural practices that do no harm or interfere with the planned course of therapy for the patient.

Expect the facility to agree to comply with the Federal Civil Rights laws that assure it will provide interpretation for the individual who are not proficient in English. The facility presents information in manner and form, such as TDD, large print material, Braille, audio tapes and interpreters that can be understood by hearing and sight impaired individuals.

Have an initial assessment and regular reassessment of pain.

Education of patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment, if applicable.

Have their personal, cultural, spiritual and / or ethnic beliefs considered when communicating to them and their families about pain management and their overall care.

The patient is responsible for:

Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.

Respecting the property of others and the facility.

Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.

Keeping appointments and, when unable to do so for any reason, notifying the facility and provider.

Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other health matters.

Observing prescribed rules of the facility during his or her stay and treatment and, if the instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.

Promptly fulfilling his or her financial obligations of the facility.

Payment to the facility for copies of the medical records the patient may request.

Identifying any patient safety concerns.

Advantage Hand Therapy & Orthopedic Rehabilitation, LLC Notice of Privacy Practices

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.

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health-care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future mental health or condition and related healthcare services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We are required to abide by terms of this notice of Privacy Practices. We may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, you can receive any revised Notice of Privacy Practices by contacting the facility where you were seen. Just request that a revised copy be sent to you in the mail or ask for one at your next appointment.

1. How we may use and Disclose Your Protected Health Information.

Your healthcare provider will use or disclose your protected health information as described in Section 1. Your protected health information may be used and disclosed by your healthcare provider, our office staff and others outside our facility that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of ADVANTAGE HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC. Following are examples of the types of uses and disclosures of your protected healthcare information that ADVANTAGE HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC is permitted to make. These examples are not meant to be exhaustive, but describe the types of uses and disclosures that may be made by our facility.

Treatment: We may use protected health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who involved in your care. Different departments of our facility also may share protected information about you in order to coordinate your needs, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to individuals outside of ADVANTAGE HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC, who may be involved in your medical care, such as family members or others we use to provide services who are part of your care. When required, we will obtain your authorization before disclosing any information. Only the minimal amount of information will be revealed during any disclosures.

Payment: Your protected health information will be used, as needed, to obtain payment of your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose as needed, your protected health information in order to support the business activities of your healthcare provider and ADVANCED HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC. These activities include, but are not limited to, quality assessment activities,

employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and others to:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your case and similar cases.
- Learn how to improve our facilities and services.
- Determine how to continually improve the quality and effectiveness of the healthcare we provide.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or therapist. We may also call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may disclose your information with third party "business associates" that may perform various activities (e.g., billing, transcription services) for ADVANCED HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Permitted and Required Uses and Disclosures that may be made with Your Authorization, or Opportunity to Object.

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not protected health information, then your healthcare provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed. We may use and disclose your protected health information in the following instances:

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms) and your religious affiliation. All of this information, except for religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told of your religious affiliation.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or your death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinated uses and disclosures to family or other individuals involved in your healthcare.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.

We may use or disclose your protected health information without your authorization on the following situations:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure will be made in compliance with the law. You will be notified, as required by law, of any such use or disclosures.

Public Health: We may disclose your protected health information for public activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected

health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority who is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information to the government entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or agency required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information 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), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose protected health information so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and those otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to the victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime has occurred on the premises of ADVANTAGE HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC and (6) medical emergency (not on ADVANTAGE HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC's premises) and is likely that a crime has occurred.

Coroners, Funeral Directors and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue purposes.

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

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if 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. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Force personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

Worker's Compensation: Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar

legally established programs.

Required Uses and Disclosures: 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 requirement of Section 164.500 et seq., Privacy of individually identified Health Information.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise those rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your healthcare provider and ADVANTAGE HAND THERAPY & ORTHOPEDIC REHABILITATION, LLC use for making decisions about you.

Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Medical Records Department if you have questions about access to your records. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing and any other supplies associated with your request.

You have the right to request a restriction of your protected health information. This means you may not ask us not to disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to any family members or friends who may be involved in your healthcare for notification purposes such as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your healthcare provider is not required to agree to restrictions you may request. If the healthcare provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your healthcare provider does not agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is need to provide emergency treatment. With this in mind, please discuss any restriction you wish with your healthcare provider.

You have the right to request and receive confidential communication from us by alternative means or at an alternative location. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by ask you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Medical records Department.

You have the right to have your healthcare provider amend your protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Medical Records Department to determine if you have a question regarding about amending your medical record.

You have the right to receive an accounting of certain disclosure we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or other healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may