

**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.**

**NOTICE**

**This Notice applies to information and records regarding your healthcare, including medical records and payment information maintained at:**

**Kleinert Kutz Hand Care Center**  
225 Abraham Flexner Way Suite 700  
Louisville, Kentucky 40202

4642 Chamberlain Lane Suite 202  
Louisville, Kentucky 40241

3900 Kresge Way Suite 43  
Louisville, Kentucky 40207

230 Fountain Court Suite 375  
Lexington, Kentucky 40509

3605 Northgate Court Suite 102  
New Albany, Indiana 47150

**Christine M. Kleinert Institute  
for Hand and Microsurgery, Inc.**  
225 Abraham Flexner Way Suite 650  
Louisville, Kentucky 40202

4642 Chamberlain Lane Suite 202  
Louisville, Kentucky 40241

3900 Kresge Way, Suite 43  
Louisville, Kentucky 40207

3605 Northgate Court Suite 103  
New Albany, Indiana 47150

**Kleinert Kutz Surgery Center**  
3605 Northgate Court Suite 101  
New Albany Indiana 47150

**In most cases, this notice will be provided to the patient. Accordingly, throughout this Notice we will use the terms “you” and “your” primarily with reference to the patient. In some cases, however, a patient representative such as a parent, guardian, agent under a power of attorney for healthcare, or conservator, will represent the patient. In those situations in which the patient is unable or unwilling to exercise certain patient rights regarding the control of medical information, “you” may pertain to the patient representative. The above business entities will be known as the “Facility” or “Facilities”.**

If you have any questions about this Notice, please contact our IPAA Officers at:

Kleinert Kutz Hand Care Center,  
225 Abraham Flexner Way Suite 700  
Louisville, Kentucky 40202  
502-561-4263

or

Kleinert Kutz Surgery Center  
3605 Northgate Court Suite 101  
New Albany, Indiana 47150  
(812) 981-4263.

**Our Facilities**

Our Facilities are teaching and research institutions. All patient care is overseen and supervised by an attending physician and provided by a team of healthcare professionals. Residents, post graduate fellows, interns and medical students, students of ancillary health care professions, and post graduate fellows may participate in examinations or procedures and in the care of patients as a part of the medical education program of the institution. This notice describes our Facilities’ privacy practices including those of:

- Any healthcare professional authorized to enter information into your clinic or hospital chart.
- All departments of our Facilities
- All fellows, residents, medical students and other trainees of, or affiliated with, our Facilities
- All employees, staff and other Facility personnel.

This Notice applies to information and records regarding your healthcare maintained at our Facilities.

## Our Facilities

Our Facilities are teaching and research institutions. All patient care is overseen and supervised by an attending physician and provided by a team of healthcare professionals. Residents, post graduate fellows, interns and medical students, students of ancillary health care professions, and post graduate fellows may participate in examinations or procedures and in the care of patients as a part of the medical education program of the institution. This notice describes our Facilities' privacy practices including those of:

- Any healthcare professional authorized to enter information into your clinic or hospital chart.
- All departments of our Facilities
- All fellows, residents, medical students and other trainees of, or affiliated with, our Facilities
- All employees, staff and other Facility personnel. This Notice applies to information and records regarding your healthcare maintained at our Facilities.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will try to explain what we mean and try to give some examples. Not every use will be listed. All of the ways we are permitted to use and disclose information however will fall within one of the following categories.

**FOR TREATMENT.** We may use medical 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 are involved in taking care of you at our Facilities. For example, a doctor treating you for a broken arm may need to know if you have diabetes because diabetes may slow the healing process. We may also share medical information with other providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our Facilities who may be involved in your continuing medical care after you leave our care, including other health care providers, transport companies, other health care facilities, community agencies, family members or others that are part of your care.

**FOR PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive at our Facilities may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give your health plan information about a surgery you received from our Facilities so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**FOR HEALTHCARE OPERATIONS.** We may use and disclose medical information about you for our daily operations. These uses and disclosures are made to promote quality of care activities, compliance with laws, regulations, medical staff bylaws, rules and regulations, and contractual obligations, patients' claims, grievances, or lawsuits, health sciences education, healthcare contracting, legal services, business planning and development, business management and administration, underwriting and other insurance activities and to operate the institution. For example, we may use medical information to review our treatment and services and to evaluate and improve the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services our Facilities should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical and other students, and other personnel for performance improvement and educational purposes. We may also combine the medical information we have with other medical providers to compare how we are doing and see where we can make improvements in the care and services we offer.

**APPOINTMENT REMINDERS.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our Facilities.

**TREATMENT ALTERNATIVES.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**RESEARCH.** Our Facilities are also involved with medical research. All research projects conducted by the institution must be approved through a special reviews process to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical information about our patients for research purposes. On occasion, researchers contact patients regarding their interest in participating in such research studies. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicate your willingness to participate by signing a consent form. Other studies may be performed using information about your treatment without requiring your informed consent. For example, a research study may involve comparing the health and recovery of patients who received one medication to those who received another for the same condition.

**AS REQUIRED BY LAW.** We will disclose medical information about you when required to do so by Federal, State or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help or prevent or lessen the threat.

### **SPECIAL SITUATIONS**

**ORGAN AND TISSUE DONATION.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ bank, as necessary to facilitate organ or tissue donation and transplantation.

**MILITARY AND VETERANS.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign authority.

**WORKERS' COMPENSATION.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**PUBLIC HEALTH RISK.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**HEALTH OVERSIGHT ACTIVITIES.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**LAWSUITS AND DISPUTES.** If you are involved with a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**LAW ENFORCEMENT.** We may release medical information if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**INMATES.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Facilities. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.
- **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request amendment for as long as the information is kept by or for our Facilities.

To request an amendment, your request must be made in writing and submitted to our Facilities. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for our Facilities
- Is accurate and complete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to our Facilities. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional list, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost are incurred.

**RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member. For example, you could ask that we do not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Facilities. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclose or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Facilities. We will not ask you the reason for the request. We will accommodate all reasonable request. Your request must specify how or where you wish to be contacted.

**RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a copy of this Notice contact our Facilities.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our Facilities. The Notice will contain on the first page, in the top right-hand corner, the effective date.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Facilities or with the Secretary of the Department of Health and Human Services. To file a complaint with our Facilities contact our HIPAA Officer. All complaints must be in writing.

#### ***YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT***

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered in this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission at any time in writing. If you revoke your permission, we will no longer use or disclose medical information about you for reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain records of the care that we provided to you.