

New Hampshire Hand Therapy Center, Inc.
80 Palomino Lane, Suite 401
Bedford, NH 03110
Phone 603-669-7716 Fax 603-669-0103

We reserve the right to change our practices and make new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will post a revised notice in our reception area.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

How to get more information or report a problem:

If you have questions and/or would like additional information, you may contact the Office Manager at (603) 669-7716.

Examples of Disclosures for Treatment, Payment and Health Operations:

If you give us consent, we will use your health information for treatment.

Example: A physician, nurse practitioner or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. Your healthcare provider will give treatment orders for occupational or physical therapy. When the OT or PT at NH Hand Therapy Center evaluates you, the therapist documents the evaluation findings in your medical record at NHHTC. A copy of the evaluation is sent to your healthcare provider. Treatment and progress is recorded by your therapist throughout your course of treatment at NHHTC. So that your healthcare provider will know how you are responding to treatment, copies of progress reports and discharge summaries are sent to your referring physician, case manager and other appropriate members of the healthcare team.

If you give us consent, we will use your health information for payment.

Example: We may send a bill to you or a third party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received and supplies used.

If you give us consent, we will use your health information for health operations.

Example: Members of the medical staff, the risk or quality improvement manager, or member of the quality assurance team may use information in your healthcare record to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

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Business Associates: We provide some services through contract with business associates. Examples include transcription for your records, copy services to make copies of medical records, and the like. When we use these services, we may disclose some of your health information to the business associates so that they can perform the function(s) we have contracted with them to do, and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication with Family and Others: Unless you object, health professionals using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payments related to your care.

Marketing/Continuity of Care: We may contact you to provide appointment reminders or changes, lab results or information about treatment alternatives or other health-related benefits and services that may be of benefit to you.

Workers Compensation: We may disclose health information to the extent authorized by and/or to the extent necessary to comply with laws relating to Workers Compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

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

Law Enforcement: We may disclose health information for purposes as required by law or in response to a valid subpoena.

Health Oversight Agencies and Public Authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health and Human Services.

The Federal Department of Health and Human Services (DHHS): Under privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.