



## NOTICE OF PRIVACY

Our company is committed to treating and using your protected health information in a responsible manner. This notice describes the personal information we collect and how we use and disclose this information. It also describes your rights as they relate to your protected health information. This regulation is effective 04-13-2003, and applies to all protected health information as defined by federal regulations.

When we provide you with an item, we keep a record of this. Your doctor will provide us with your diagnosis, your medical records, if necessary, as well as your personal and insurance information. This information is stored in our private and confidential computer systems and files, and may serve in the following capacities: (1) means of communication among the many health professionals who are part of your care; (2) legal document describing the care you received; (3) a source of information for public health officials charged with improving the health of this state and nation; (4) basis for planning your care and treatment; (5) a source of data for medical research; (6) means by which your or a third-party payer can verify that services billed were actually provided; (7) a source of data for our planning and marketing; (8) a tool with which we can assess and continually work to improve the care we render the outcomes we achieve; (9) a tool we use internally to instruct our staff. Understanding what is in your records and how your health insurance is used helps you to ensure its accuracy, learn who is viewing it, when and for what reason, and also allows you to make more informed decisions about authorizing disclosures to others.

Although your health record is the physical property of our company the information belongs to you. You have the right to: (1) obtain a paper copy of this notice upon request; (2) inspect and copy your health record as provided for in 45 CFR 164.524; (3) amend your health record as provided in 42 CFR 164.526; (4) obtain an accounting of disclosures of your health information as provided in CFR 164.528; (5) request communications of your health information by alternative means or alternative locations; (6) request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522; and (7) revoke your authorization to disclose health information except to the extent that action has already been taken.

We have a responsibility to: (1) maintain the privacy of your health information; (2) provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; (3) abide by the terms of this notice; (4) notify you if we are unable to agree to a requested restriction; (5) accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you or your physician has supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

If you have questions and would like additional information, you may contact our Office, between 9 a.m. and 5 p.m. In addition, if you believe your rights have been violated you can file a complaint with our privacy officer, or with the Office for Civil Rights, U.S. Dept. of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is as follows: Office for Civil Rights, U.S. Dept. of Health and Human Services, 200 Independence Avenue S.W. Room 509F. HHH Building, Washington, D.C. 20201. To report a complaint regarding the services you receive, call 1-888-419-3456. To report abuse, neglect, or exploitation of a disabled, adult or an elderly person, call 1-800-96-ABUSE.

Examples of how we may use or disclose your health information are as follows: (1) treatment—we may discuss your condition and/or treatment with your physician, your physician's staff, other orthotists or prosthetists, our assistants, or the assistance of other orthotists or prosthetists. Your health information may be referred to, as well as be noted in your file; (2) payment—we may send a bill to a third party payer or, if necessary, an agency specializing in collections if your account goes into default. We may also file your claim through a clearinghouse or via a secure website on the internet; (3) improvement of quality of service—we may use your information to train our staff. This information is handled in the strictest of confidence and the rules of this notice remain in full force; (4) business associated—our business associated may sometimes have access to your private health information; however, your personal health information will be treated in the strictest of confidence and in accordance with all regulations mentioned in this notice; (5) communication with family or any relevant person involved in your care or involved in the payment of your care; (6) research—we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information; (7) marketing—we may contact you to provide appointment, information or regarding your bill; (8) Food and Drug Administration and or the Dept of Health—relating to any product recalls, repairs, replacements, or similar instances; (9) worker's compensation—we may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law; (10) 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; (11) law enforcement—we may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public