

# NOTICE OF PRIVACY PRACTICES FOR EASTERN SHORE ORTHOTICS & PROSTHETICS, INC.

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 is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). Your "protected health information" means any of your written and oral health information that can be used to identify you.

## 1. Uses and Disclosures of Protected Health Information

The facility may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the facility has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State Law. Disclosures of your protected health information for the purposes described in the Notice may be made in writing, orally, or by facsimile.

- A. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another health care provider for treatment purposes. For example-we may communicate with your Physical Therapist.
- B. **Payment:** Your protected health information will be used, as needed, to obtain payment for the services that we provide. For example, this may include communications to your health insurer for pre-authorization or documentation to support the services that we provided.
- C. **Operations:** We may use or disclose your protected health information, as necessary, for our own care operations in order to facilitate the function of the facility and to provide quality care to all patients. Health care operations include such activities as:
  - Quality assessment and improvement activities
  - Employees review activities
  - Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
  - Accreditation, certification, licensing or credentialing activities
  - Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
  - Business management and general administrative activities

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

- D. **Other Uses and Disclosures:** As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:
  - To remind you of an appointment. Appointment reminders may be sent via post-card or by leaving a message on your answering machine unless you request alternative communications.
  - To inform you of potential treatment alternatives or options.
  - To inform you of health related benefits or services that may be of interest to you.

## 2. Uses and Disclosures Beyond treatment, Payment, and Health Care Operations Permitted without Authorization or Opportunity to Object.

Federal privacy rules allows us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

- A. **When Legally Required:** We will disclose you protected health information when we are required to do so by the Federal, State, and Local Law.
- B. **When There are Risks to Public Health:** We may disclose you protected health information for the following public activities and purposes.
  - To prevent, control, or report disease, injury or disability as permitted by law.
  - To report vital events as birth or death as permitted or required by law.
  - To conduct public health surveillance, investigations and interventions as permitted or required by law.
  - To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
  - To notify a person who has been exposed to a communicable disease as authorized by law.
  - To report to an employer information about an individual who is a member of the workforce as legally permitted or required.
- C. **To Report Abuse, neglect or Domestic Violence:** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
- D. **To Conduct Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, proceedings, or actions, inspections, licensure or disciplinary actions, or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to you receipt of health care or public benefits.
- E. **For Law Enforcement Purposes:** We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena if we first notify you of the subpoena.
- F. **For Law Enforcement Purposes:** We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:
  - As required by law for reporting of certain types of wounds or other physical injuries.
  - Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
  - For the purposes of identifying or locating a suspect, fugitive, material witness or missing person.
  - Under certain limited circumstances, when you are the victim of a crime.
  - To a law enforcement official if the Facility has a suspicion that your death was the result of criminal conduct.
  - In an emergency in order to report a crime.
- G. **To Coroners, Funeral Directors, and for Organ Donation:** We may disclose protected information to a coroner or medical examiner for identification purposes; to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for organ donation purposes.
- H. **For Research Purposes:** We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information. We may also use your information for research purposes if you previously signed a form authorizing us to do so.
- I. **In the Event of a Serious Threat to Health or Safety:** We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or to the safety of the public.
- J. **For Specified Government Functions:** In certain circumstances, the Federal regulations authorize the Facility to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- K. **For Worker's Compensation:** The facility may release your health information to comply with worker's compensation laws or similar programs.

### 3. Uses and Disclosures Permitted Without Authorization But With opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition, or death.

You may object to these disclosures. In certain circumstances we may infer, based upon professional judgment that you would not object to the disclosure. Unless you inform us otherwise, we will infer that you do not object to our discussion of your discharge instructions with a person who accompanies you to your appointment.

### 4. Uses and Disclosures, Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time unless we have relied upon your authorization and have already taken action based upon the authorization.

### 5. Your Rights

You have the following right regarding your health information:

- A. The right to inspect and copy your protected health information:** You may inspect and obtain a copy of your protected health information 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 the facility uses for making decisions about you. You may not inspect or copy the following records: Psychotherapy notes, information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a federal law that prohibits access to protected health information. To inspect or copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last pages of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.
- B. The right to request a restriction on uses and disclosures of your protected health information:** You may ask us to limit the ways in which we use or disclose your protected health information. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. We will notify you if we deny your request for a restriction. If the Facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.
- C. The right to request to receive confidential communications from us by alternative means or at an alternative location:** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.
- D. The right to have your practitioner amend your protected health information:** You may request an amendment of 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 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. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.
- E. The right to receive an accounting:** You have the right to request an accounting of certain disclosures of your protected health information made by the Facility. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period with charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- F. The right to obtain a paper copy of this notice:** Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

### 6. Our Duties

The facility is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the Facility changes its Notice, we will provide a copy of the revised Notice by sending a copy of the Revised Notice via regular mail through in-person contact.

### 7. Complaints

You have the right to express complaints to the Facility and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the Facility by contacting the Facility's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in anyway for filing a complaint.

### 8. Contact Person

The Facility's contact person for all issues regarding privacy and your rights under the Federal standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the Facility can be mailed to the Privacy Officer by sending it to:

Eastern Shore Orthotics & Prosthetics, Inc.  
Attn: Privacy Officer  
761-A Middle Street  
Fairhope, AL 36532  
The Privacy Officer can be contacted by telephone at (251) 990-4040

### 9. Effective Date

This Notice is effective April 14, 2003