

## Progressive Prosthetic & Orthopedic Services

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, WHICH IS PROTECTED UNDER THE HIPAA PRIVACY RULE, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE READ CAREFULLY.**

If you have any questions about this notice, please contact Debbie Barnes of our Virginia Beach office at (757) 456-5501, 380 Cleveland Place, Virginia Beach, VA 23462.

#### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide “call coverage” for your health care provider.

#### **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and service you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**We are permitted, but not required, to use and disclose protected health information (PHI) about you, without your authorization, for the following purposes or situations:**

**For Treatment** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, practitioners, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your practitioner may be fitting you for an orthosis and may need to know if you have other health problems that could complicate your treatment. The practitioner may use your medical history to decide what treatment is best for you. The practitioner may also tell another practitioner about your condition so they can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in an order to our central fabrication lab, or contacting our suppliers of components for consultation regarding a specific application. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

**For Payment** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give you health plan information about a service you received here so your health plan will pay us or reimburse you for the service. 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 Health Care Operations** We may use and disclose health information about you in order to run the office and make sure you and our other patients receive quality care.

**Workers' Compensation** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities** We may disclose health information to health oversight agencies for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights law.

**Law Enforcement** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners and Funeral Directors** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**Information Not Personally Identifiable** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Family and Friends** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise any objections. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, supplies.

**Appointment Reminders** We may contact you as a reminder that you have an appointment for treatment or medical care at the office. This includes voice mail and messages left at phone numbers provided by the patient.

### **Other Uses and Disclosures of Health Information**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. If you refuse or retract consent and request restrictions Progressive Prosthetic & Orthopedic Services will refuse treatment to you.

We will never share your information, in the following cases, without your written permission:

- Marketing purposes
- Sale of your information

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

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

**Right to Inspect and Copy** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Debbie Barnes in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Electronic Copy** You have the right to obtain an electronic copy of your PHI. The electronic copy may be provided in the form and format requested by you or, if not readily available, then you may receive electronic PHI in a mutually agreeable machine readable format such as MS Word, Excel, PDF or HTML. In limited cases, we do not have to agree to your request.

**Right to Amend** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to Debbie Barnes. 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:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) 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 for the purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Debbie Barnes. It 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). We may charge you for the costs 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 costs are incurred.

**Right to Request Confidential Communication** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

**Right to Choose Someone to Act for You** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is involved in your care, or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about an orthosis you received.

**We are NOT Required to Agree to Your Request** Progressive Prosthetic & Orthopedic Services **will refuse** to treat patients that request restrictions.

## **OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION**

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly notify you if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you give us written consent. You may change your mind at any time by notifying us in writing.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and 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 summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Debbie Barnes, Office Manager at (757) 456-5501. You will not be penalized for filing a complaint.

**Right to 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. To obtain such a copy, contact Debbie Barnes at (757) 456-5501.