

# *New Life Prosthetics and Orthotics*

## **Notice of Privacy Practices**

**This notice describes how medical information about you may be used and disclosed and how you can gain access to this information.**

If you have any questions about this notice, please contact Scott Atha at 512-252-7177.

### Our commitment is to protect your health information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Your “protected health information” is defined by any written or oral information about your health, including your demographic data that can be used to identify you. This is health information that is created or received by your health care provider and relates to your past, present or future physical or mental health.

We are strongly committed to protecting your medical information. We create a medical record about your care in order to provide you with appropriate treatment and to comply with various legal requirements. We transmit some medical information about your care in order to obtain payment for the services you have received, and we use certain information in our day-to-day operations. This notice serves to inform you about the various ways we use and disclose your medical information and describes your rights and our obligations with respect to the use or disclosure of your medical information. We ask that you acknowledge receipt of this notice the first time you visit our facility because the law requires us to make a good faith effort to obtain your acknowledgement.

### We are required by law to:

Make sure that any medical or health information we have that identifies you is kept private and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable law;

Give you this notice of our legal duties and privacy practices; and

Abide by the terms of the Notice of Privacy Practices that is in effect from time to time.

## **I. Uses and Disclosures of Protected Health Information**

### **A. Uses and disclosures of protected health information for treatment, payment and health care operations**

Your protected health information may be used and disclosed by your orthotist/prosthetist, our staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of New Life Prosthetics and Orthotics.

Examples of the types of uses and disclosures of your protected health care information include but are not limited to the following:

**Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

**Payment:** We may use and disclose your medical information to bill and receive payment for the services rendered.

**Health Care Operations:** We may use and disclose your medical information for internal operations. These include but are not limited to evaluating staff performance or quality assessment.

**Treatment Alternatives:** We may use and disclose your medical information to inform you about possible treatment options or alternatives.

**Appointment Reminders:** We may use and disclose your medical information to contact you to remind you of your appointments.

**Sign-In Sheets:** We may use sign-in sheets and call your name when it is time to be seen.

**Required by Law:** We may use and disclose your medical information to the extent that use or disclosure is required by law.

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**B. Uses and disclosures of protected health information that require your authorization**

Other uses and disclosures of your protected health information will require your written consent. You may revoke consent at any time except to the extent that such disclosures have already taken place.

**C. Uses and disclosures of protected health information to which you may object**

Unless you object, we may disclose your protected health information to a relative, friend or emergency contact, to the extent that the information relates to that person's involvement.

**II. Your Rights regarding your Protected Health Information**

**A. Your right to inspect and copy**

If you would like a copy of your medical record, you must submit a written request. We may charge a fee for copying, mailing and other supplies needed to complete your request.

**B. Your right to amend your protected health information**

If you believe your medical record is incorrect or incomplete, and additional information is needed, you may request in writing that your file be amended.

**C. Your right to accounting disclosures**

You may request in writing an accounting of the disclosures of your protected health information.

**D. Your right to request restrictions**

You may request that we restrict the release of certain medical information.

**E. Your right to request confidential communication**

You may request in writing that we communicate to you in specific ways.

**F. Your right to receive a copy of this notice**

You have the right to receive a paper copy of this notice. You may request one from a member of the staff at New Life Prosthetics and Orthotics.

**III. Changes**

We reserve the right to make changes to this document. Upon request, we will offer a copy of the current Notice of Privacy Practices.

**IV. Complaints**

If you believe your rights have been violated, you may contact Scott Atha at 512-252-7177, or report it to the Secretary of the Department of Health and Human Services.