

**Orthotic & Prosthetic Designs**  
**Notice of Privacy Practices**

**PROTECTING MEDICAL INFORMATION**

This Notice explains how we will use and disclose your protected health information while maintaining your privacy, explains your rights with respect to your protected health information and explains our duty to abide by terms of this Notice and any revisions to this Notice that we may make in the future. The HIPAA act of 2009 and the HITECH Act of 2013 requires us, to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your protected health information. Protected Health Information (PHI) is information about you, regardless of form (oral, written, electronic), that may identify you and that relates to your past, present or future physical or mental health or condition.

We must follow the privacy practices that are described in this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information we maintain, including health information we created or received before we made the changes. Before we make any significant changes to our privacy practices, we will change this Notice and make the new Notice available upon request.

For more information about our privacy practices, please contact our Privacy Officer, Crystal Everett.

**UNDERSTANDING YOUR HEALTH INFORMATION**

When you visit a healthcare provider, they make a record of your visit. In this record you will find documents containing your contact information, insurance information, pertinent medical history, medical evaluation, delivery tickets for equipment that you have received, and proof that you have received important information through notices such as this one.

Providers use this record to plan for the care you receive, share with other healthcare providers that treat you, and prove to your insurance and other necessary parties that services were actually provided.

**USE OF YOUR INFORMATION**

This company creates a medical record for you. This medical records is the property of this company, however, the information that it contains belongs to you. It is stored safely in a HIPAA compliant physical and electronic location for your protection. The law states that we can share your health information for the following purposes:

**Treatment:** We may use or disclose your health information to a physician or other health care providers to provide you with medical treatment and service. For example, your medical information may be used to provide health-related products and services to you and to coordinate with your doctor to ensure that you receive the products that your doctor has prescribed to you.

**Payment:** We may use or disclose your health information in order to receive payment for the supplies and or services that have been provided to you as, for example, billing Medicare.

**Health Care Operations:** We may use or disclose your health information to improve the quality of our internal health care operations. An example of such use for health care operations includes conducting quality assessments, planning, financial analysis and other similar functions.

**OTHER USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION**

**Business Associates**

Business Associates are organizations or individuals that carry out certain functions for us such as utilization review and claims administration. The federal privacy laws allow us to share your PHI with our Business Associates to assist us with these functions. For example, in preparing our annual financial statement, auditors may need to review samples of the medical services provided. We may disclose your health information to the accounting firm to prepare this material. However, before we disclose your health information under these circumstances, we have a written contract with all business associates requiring that they protect the confidentiality of your PHI.

**Communication with Family**

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI relevant to that person's involvement in your care or in the payment for such care if you do not object or

in an emergency. You may restrict or prohibit us from doing so if you are able to do so before we make such disclosure. We may contact you to provide you with appointment reminders, reminders to reorder supplies, and new product and service information. Unless you advise us otherwise, we may leave this information at your home with whoever answers the telephone or on an answering machine.

#### **Required By Law**

We may disclose your health information to the following entities as required by law:

- Public Health Authorities, in an effort to control disease**
- Disaster Relief**
- Funeral Directors/Coroners**
- Food and Drug Administration**
- Workers Compensation**
- Abuse & Neglect**
- Correctional Institutions**
- Law Enforcement/Judicial Proceedings**
- Military and Veterans**

#### **Other Uses**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

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

You have the following rights regarding your PHI, which you can exercise through a written request to our Privacy Officer:

- The right to request restrictions on certain uses and disclosures, including any group of persons or person identified by you. Your request must be made in writing to our Privacy Officer.
- The right to reasonable requests to receive confidential communications from us by alternative means or alternative locations.
- The right to inspect and copy your PHI. This includes your physical record as well as your electronic record, in compliance with the HITECH Act of 2013. Your request must be made in writing to our Privacy Officer.
- The right to amend your PHI, if you believe that the health information we have is incorrect or incomplete. Your request must be made in writing to our Privacy Officer.
- The right to receive a list of disclosures of your PHI after October 22, 2004, other than for treatment, payment, or healthcare operations.
- The right to receive a list of disclosures of your PHI made by this company and those made by all of its business associates after January 1st, 2014, in compliance with the HITECH Act of 2013.
- The right to be notified by us in the event of a security breach and your PHI has been compromised.
- The right to be notified by us in the event of a security breach at one of our business associates and we are notified that your PHI has been compromised.

Some state laws may be more stringent than HIPAA in several areas. State law is more stringent when an individual is entitled to greater access to records than under HIPAA, and when under state law, the records are more protected from disclosure than under HIPAA.

#### **COMPLAINT PROCESS**

If you believe that your privacy rights have been violated, you have the right to file a formal, written complaint with us at the address below, or with the Secretary of the U.S. Department of Health & Human Services, Office for Civil Rights. We cannot and will not retaliate against you for filing a complaint. To file a complaint with us or to receive further information about our privacy practices or the content of this Notice, please write to:

Privacy Officer  
Crystal Everett  
5120 Commerce Circle #104, Indianapolis IN 46237  
317-882-9002