

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Alpha-Omega Orthotics & Prosthetics is committed to the privacy of your health information. If you have any questions about this notice, please contact Robert Mays, of our office at:
417-886-8881; 2021 S. Waverly, Suite 300, Springfield, MO 65804.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff, and other office personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services 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 must have your written, signed *Consent* to use and disclose health information for the following purposes:

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 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 a third party. For example, we may need to give your 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 that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders We may contact you as a reminder that you have an appointment for treatment or medical care at the office. This reminder may be left on an answering machine, with a family member, or an immediate care individual.

Treatment Alternatives We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your *consent* at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your *consent*, we will not be permitted to use or disclose information for purposes of treatment, payment, or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law We will disclose health information about you when required to do so by federal, state, or local law.

Military, Veterans, National Security, and Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities We may disclose health information to a health oversight agency 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 laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

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 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 an objection. 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 our 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 discuss.

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.

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 we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment, or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

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 Robert Mays, designated privacy official, 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. This fee will only apply to requests made more than once in a twelve (12) month period. 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 by law, 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 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 is the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to Robert Mays. 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 information about you for purposes other than treatment, payment, and health care operations. To obtain this list, you must submit your request in writing to Robert Mays. 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, electronically). 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. This charge would only apply to requests made more than once in a twelve (12) month period.

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 limit 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. You also have a right to restrict that any information regarding a product or service that was provided by our office should not be shared with a health plan, as long as that service was paid in full and out of pocket by you and not by another payment service.

We are Not Required to Agree to Your Request If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit *the Request for Restriction On Use/Disclosure Of Medical Information* to Robert Mays.

Right to Request Confidential Communication You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit *the Request for Restriction on Use/Disclosure of Medical Information And/Or Confidential Communication* to Robert Mays. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Fundraising and Marketing Information regarding your protected health information will not be used by our facility for the purpose of fundraising or marketing. Any information that may pertain to any marketing would be deemed as non-identifiable, and will not be made to the public, but rather, only to pertinent Business Associates that would use such non-identifiable information to construct a potential marketing plan. This information will only be used to track demographics and generalized results from products and services, but will not be traceable to specific patients.

Right to a 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. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Robert Mays, designated privacy official.

Right to an Electronic Record You have the right to request an electronic record of your information with our office. It should be pointed out that Alpha-Omega Orthotics & Prosthetics does not maintain electronic records. While some patient information related to billing and treatment are kept on electronic mediums, the overall treatment and care you receive is not fully maintained on those electronic devices. Full patient records with our office are kept in paper form. Therefore, should a request for an electronic record be made, the paper documents will be transformed into PDF format.

Email Communication No protected health information from our office, or received through our office will be done by non-encrypted methods. This is the only acceptable method for transferring this protected information. However, should you request that protected information about you be sent to a personal email, as a non-encrypted format, the request will be honored; however, you will be made aware that this method is not secure, and may lead to a breach of your personal protected health information. This type of information will only be sent to the patient’s personal email, and not to any other email that is not confirmed.

Non-Described Disclosures Any uses and disclosures of your protected health information that have not been described, in general or in specific, and do not match the normal use of your protected information will be made solely upon written authorization from you. This authorization may be revoked by you at any time, if given, but any information disclosed while the authorization was in effect cannot be revoked.

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 summary of the current notice in the office with its effective date in the top right hand corner. This notice will also be posted on our company website at: alphaomegaop.com. 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 Robert Mays, CPOA, Alpha Omega Orthotics & Prosthetics, 2021 S. Waverly, Suite 300, Springfield, MO 65804, 417-886-8881. You will not be penalized for filing a complaint.

Breaches Alpha-Omega Orthotics & Prosthetics has established a system to prevent breaches, minimize loss, and assess breaches of protected health information that may present low, medium, and high risks to patients and their personal information. Alpha-Omega Orthotics & Prosthetics will keep records of all breaches and shall establish a system for evaluating the threat potential of each breach. Standardized criteria shall be implemented to assess the environment, parties, and circumstances of each breach and shall determine whether the breach requires notification to the affected person who's PHI has been compromised. The specific information and circumstances surrounding the breach shall be disclosed to the affected person as well as the steps taken to correct the problem. A yearly evaluation of all breaches and the potential threat level is to be reported to HHS as required by law.

When a breach is noted, it is to be evaluated using the established system and its overall risk determined. If a risk is great, then the patient is to be notified by mail or email of the breach, but must be in writing. If a high risk is found for more than ten (10) persons without current contact information, then the breach is to be informed to either media outlets or by means of the company website (alphaomegaop.com) and our toll-free number is to be given for contact. If the breach involves the PHI of 500 or more persons, then HHS is to be notified of the breach immediately. All breaches that are determined serious and necessary to notify the patient will be done so immediately upon their discovery and shall not exceed 60 days past the occurrence.