

# NOTICE OF PRIVACY PRACTICES

**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.** If you have any questions about this notice, please contact our office at 888-281-5250, Prosthetic Laboratories of Rochester, Inc.

**WHO WILL FOLLOW THIS NOTICE** This notice describes the information privacy practices followed by our employees, staff, and other personnel. The practices described in this notice will also be followed by private contractors and business associates of covered entities.

**YOUR HEALTH INFORMATION:** Your “Protected Health Information” from here forward referred to as “PHI” means any information, whether oral or recorded in any form or medium that can be used to identify you. This is health information that is created or received by your health care provider that relates to your past, present or future physical or mental health or condition.

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

Your PHI may be used and disclosed by your orthotist, prosthetist, other treatment staff (practitioner), our office 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 PHI may also be used and disclosed to pay your health care bills and to support the operation of this facility. Following are examples of the types of uses and disclosures of your protected health care information that this facility is permitted to make. We have provided some examples but not every use or disclosure in any of the following categories will be listed.

**For Treatment** We will use and disclose your PHI 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 PHI. For example, we would disclose your PHI, as necessary, to the physician that referred you to us. We will also disclose PHI to other health care providers who may be treating you when we have the necessary permission from you to disclose your PHI. For example; 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** Your PHI will be used, as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you. For example, making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. We may also tell your health plan about an orthotic or prosthetic device you are going to receive to obtain prior approval or to determine whether your plan will cover the device.

**For Health Care Operations** We may use or disclose your PHI as needed in order to support the business activities of this facility. These activities include, but are not limited to, quality assessment activities, employee review activities, and legal services, licensing, and conducting or arranging for other business activities. We may share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for this facility. Whenever an arrangement between our facility and our business associates involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**Treatment Alternatives:** We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Appointments** We may use or disclose your PHI, as necessary, to contact you to set up or remind you of your appointment.

**Patient Visit Lists** We may use a sign in sheet at the registration desk where your visit will be recorded. We may also call you by name in the waiting room when your practitioner is ready to see you.

**Marketing and Health Related Benefits and Services:** We may also use and disclose your PHI for other marketing activities. For example we may send your information about products or services that we believe may be beneficial to you. You may contact our office or our Privacy Contact to request that these materials not be sent to you.

**Sale of the Practice:** If we decide to sell this practice or merge or combine with another practice, we may share your PHI with the new owners.

### Uses and Disclosures of Protected Health Information Based upon your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. These include but are not limited to uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI. You may revoke your authorization, at any time, in writing. You understand that we cannot take back any use or disclosure we may have made under the authorization before we received your written revocation, and that we are required to maintain a record

of the medical care that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. We will not condition your treatment in any way on whether or not you sign any authorization.

**Other Permitted and Required Uses and Disclosures That May be Made either with Your Agreement or the Opportunity to Object**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your practitioner may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your PHI that directly relates to that persons involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

**Other Permitted and Required Uses and Disclosures That May be Made without Your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to object:

**Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. A disclosure under this exception would only be made to somebody in a position to help prevent the threat of public health.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse of Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We will only make this disclosure if you agree or when required or authorized by law. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Military and Veterans:** If you are a member of the military, we may release PHI about you as required by military command authorities.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discover request or other lawful process.

**Law Enforcement:** We may also disclose your PHI so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes might include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the facilities premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used for Cadaveric organ, eye or tissue donation purposes.

**Research:** Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers Compensation:** We may disclose your PHI as authorized to comply with workers compensation laws and other similar legally established programs that provide benefits for work related illnesses and injuries.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your practitioner created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

### **Your Rights Regarding Health Information about You**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of your PHI contained in your medical and billing records and any other records that your practitioner uses for making decisions about you, as long as we maintain the PHI.

To inspect and copy your medical information, you must submit a written request to the Privacy Contact listed on the first and 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.

We may deny your request in limited situations as specified by law. For example, you may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding and certain other specified PHI defined by law. In some circumstances, you may have a right to have this decision reviewed. The person conducting the review will not be the person who initially denied your request. We will comply with the decision in any review. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to who you want the restriction to apply.

Your practitioner is not required to agree to a restriction that you may request. If your practitioner believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your practitioner does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your practitioner. You may request a restriction by contacting the Privacy contact at the number at the top of this notice.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also 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 request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy contact.

You have the right to restrict release of information for certain services. You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis. This information can be released only upon your written authorization.

You may have the right to have your practitioner amend your PHI. This means you may request an amendment of your PHI contained in your medical and billing records and any other records that your practitioner uses for making decisions about you, for as long as we maintain the PHI. You must make your request for amendment in writing to your Privacy Contact, and provide the reason or reasons that support your request.

We may deny any request that is not in writing or does not state a reason supporting the request. We may deny your request for an amendment of any information that:

\*1) was not created by us, unless the person that created the information is no longer available to amend the information. 2. Is not part of the PHI kept by or for us. 3. Is not part of the information you would be permitted to inspect or copy; 4. Is accurate and complete.

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right only applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit a written request for disclosures in writing to the Privacy Contact. You must specify a time period, which may not be longer than six years and cannot include any date before April 14, 2003. You may request a shorter timeframe. Your request should indicate the form in which you want the information (i.e., on paper, electronic etc.). You have the right to one free request within any 12 month period, but we may charge you for any additional requests in the same 12 month period. We will notify you about the charges you will be required to pay, and you're free to withdraw or modify your request in writing before any charges are incurred.

You have the right to obtain a paper copy of this notice from us, upon request to our Privacy Contact, or in person at our office at any time, even if you have agreed to accept this notice electronically. You may obtain a copy of this notice at our website. [www.plor.net](http://www.plor.net).

You have the right to be notified of any breach of your unsecured healthcare information.

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary. You may contact our Privacy Contact at (507-281-5205) or [info@plor.net](mailto:info@plor.net) for further information about the complaint process.

**Changes to this Notice:** We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to PHI received before the change in privacy practices. You may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy to be sent in the mail, asking for one at the time of your next appointment or by accessing our website.