

HIPAA PATIENT INFORMATION

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.



PURPOSE OF THIS NOTICE

We are required by law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you received at **M-POWER**. This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

WHO WILL FOLLOW THIS NOTICE

This notice describes **M-POWER'S** privacy practices, as well as the privacy practices of:

- a) Any health care professional authorized to enter information into your medical record;
- b) All departments, sections and units of our business;
- c) Any member of a volunteer group that interacts with you while you are here; and
- d) All employees, staff, students and other **M-POWER** personnel.

OUR COMMITMENT

We are required by law to:

- a) make sure that your PHI is kept private;
- b) give you this notice of our legal duties and privacy practices with respect to your PHI;
- c) Follow the terms of this notice as long as it is currently in effect. If we revise this notice, we will follow the terms of the revised notice as long as it is currently in effect;
- d) train our personnel concerning privacy and confidentiality; and
- e) Mitigate (lessen the harm of) any breach of privacy/confidentiality.

UNDERSTANDING YOUR HEALTH RECORD

Each time you visit us, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for care or treatment. This information, often referred to as your health or medical record, serves as a:

- a) basis for planning your care, treatment and any follow up care you may need;
- b) means of communication among the many health professionals who contribute to your care;
- c) legal document describing the care you received;
- d) means by which you or a third-party payer (for example, insurance carriers, Medicare, Medicaid) can verify that services billed were actually provided;
- e) tool in educating health professionals;
- f) source of information for medical research;
- g) source of information for public health officials charged with improving the health of the nation;
- h) source of information for facility planning and marketing; and
- i) tool which can be used to assess and continually improve the care rendered and the results achieved.

Understanding what is in your record and how your health information is used helps you to:

- a) ensure its accuracy;
- b) better understand who, what, when, where, and why others may access your health information; and
- c) make more informed decisions when authorizing disclosure to others.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

The following categories (listed in bold-face print, below) describe different ways that we use and disclose your protected health information (PHI). For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information fall within the categories below.

For Treatment. We are permitted to use and disclose your PHI to practitioners, technicians, residents or other personnel who are involved in taking care of you or providing you with services. For example, a practitioner treating you for a foot injury may need to know if you have diabetes because diabetes may slow the healing process. Different departments also may share your PHI in order to coordinate the different services that you need. We also may disclose your PHI to health care providers outside our organization who may be involved in your medical care, such as physicians who will provide follow-up care, physical therapy organizations, medical equipment suppliers, and skilled nursing facilities.

For Payment. We are permitted to use and disclose your PHI so that the treatment and services you receive can be billed to (and payment can be collected from) your insurance

company or a third party. For example, we may need to give your health plan information about the services and equipment you received so your health plan will pay us or reimburse you for the care. We also may 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 are permitted to use and disclose your PHI for our business operations. These uses and disclosures are necessary to run **M-POWER** and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may disclose information to staff (including residents and interns) and other personnel to conduct training programs. We also may combine certain PHI about several of our patients as part of a study to determine what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We also may remove all information that identifies you from a set of PHI so that others may use that information to study health care and health care delivery without learning who the specific patients are.

To Business Associates for Treatment, Payment and Health Care Operations. We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the health care services we provide. We may also disclose your PHI to a company we hire to collect performance data about our services.

Individuals Involved in Your Care or Payment for Your Care. We may release your PHI to a family member, other relative or close personal friend who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We also may release information to someone who helps pay for your care.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or care.

Treatment Alternatives. We may use and disclose medical information to give you information about treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Special Situations

As Required By Law. We will disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities. We may disclose your PHI for public health activities. For example, public health activities generally include:

- a) preventing or controlling disease, injury or disability;
- b) reporting child abuse or neglect;
- c) reporting reactions to or problems with products;
- d) notifying patients of recalls of products they may be using;
- e) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- f) notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, accreditations and licensure. These activities are necessary for the government 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 your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- a) in response to a court order, subpoena, warrant, summons or Similar process;
- b) to identify or locate a suspect, fugitive, material witness or missing person, but only if limited information (e.g., name and address, date and place of birth, Social Security number, type of injury, date and time of treatment) is disclosed;
- c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- d) about criminal conduct we believed occurred on our premises; and
- e) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI about our patients to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI about our patients to funeral directors as necessary to help them carry out their duties.

Research. Under certain Circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another for the same condition. Most research projects, however, are subject to a special approval process. This process requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients' need for privacy. Before we use or disclose PHI for research, the project will have been approved through this special approval process. However, this special approval process is not required when we allow researchers who are preparing a research project to look at information about patients with specific medical needs, so long as the PHI they review does not leave our premises.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to law enforcement in order to help prevent the threat.

Armed Forces and Foreign Military Personnel. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose your PHI to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official under specific circumstances such as (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

WHEN YOUR AUTHORIZATION IS REQUIRED

Uses or disclosures of your PHI for other purposes or activities not listed above will be made only with your written authorization (permission). If you provide us authorization to use or disclose your PHI, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission.

You may obtain an authorization form by contacting:

M-Power Prosthetics
9900 North Central Expressway, Suite 205
Dallas, Texas 75231
214.265.5060