

**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.

**Uses and Disclosures of your Protected Health Information (PHI)**

**Treatment** Your (PHI) may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of evaluations will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment** Your (PHI) may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services, the services provided, and the medical condition being treated.

**Health care operations** Your (PHI) may be used as necessary to support the day-to-day activities and management of Prosthetic Innovations, LLC. For example, information on the services you received may be used to support budgeting and financial reporting and activities to improve quality.

**Law enforcement** Your (PHI) may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government mandated reporting.

**Public health reporting** Your (PHI) may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization** Disclosure of your (PHI) or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

**Additional Uses of Information**

**Individuals Involved in Your Care** - We may disclose your (PHI) to someone involved in your care or payment for your care, such as a spouse, family member, close friend, or an assigned person responsible for your care. We may also discuss your care with your personal representative or someone who has your healthcare power of attorney.

\*Your (PHI) will be used by our staff to send you appointment reminders.

\*This practice may announce the names of patients in the waiting area and other people in that area may hear your name.

\*This practice may leave voice messages on your home answering machine, e-mail or send postcard or other appointment reminders.

\*This practice may provide consumer reporting agencies with credit information regarding your payment history.

\*This practice may provide information to collection agencies or our attorneys for purposes of obtaining payment of delinquent accounts.

# **PROSTHETIC INNOVATIONS, LLC**

## **NOTICE OF PRIVACY PRACTICES**

**Information about treatments** Your (PHI) may be used to send your information on the treatment and management of your medical condition or new technology that you may find to be of interest. We may also send your information describing other health-related goods and services that we believe may interest you.

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your health information
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your health information
- the right to amend and /or submit corrections to your health information
- the right to receive an accounting of how and to whom your health information has been disclosed
- the right to receive a printed copy of this notice

### **OUR HEALTH INFORMATION DUTIES**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

### **OUR RIGHT TO REVISE PRIVACY PRACTICES**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulation. The revised policies and practices will be applied to all protected health information that we maintain and will be available at our facility for you upon your request.

### **REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION**

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Company's Privacy Officer.

### **COMPLAINTS**

If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have been violated, you can contact the Company by sending a letter outlining your concerns to:

Attention: **Privacy Officer - Prosthetic Innovations, LLC**  
**10 Baldwin Creek**  
**Eddystone, PA 19022**

**You may also file a written complaint with the Office of Civil Rights.**