

## SAUNDERS PROSTHETICS & ORTHOTICS GROUP, LLC

### 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.**

**Introduction.** Federal and state law provides you with certain basic rights and protections in connection with the medical information we maintain about you. Saunders Prosthetics & Orthotics Group, LLC ("Covered Entity") is required by law to maintain the privacy of your medical information and to provide you with notice of its legal duties and privacy practices with respect to your medical information. This notice summarizes your rights and the covered entity's duties with respect to your medical information. It also describes how the covered entity's personnel may use and disclose your medical information. Finally, it describes the complaint process for you to follow if you believe your privacy rights have been violated. If you have any questions about this notice or your rights relating to your medical information, please contact us using the information at the end of this document.

**Your Rights Regarding Medical Information About You.** You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information about you. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information about you, you must submit your request in writing to us using the information at the end of this document. If you request a copy of your medical information, we may charge a fee for the costs of copying, mailing and other supplies associated with your request. We may deny all or part of your request to inspect and copy your medical information in certain very limited circumstances. If you are denied access to your medical information, you may, under certain circumstances, request that such denial be reviewed. Any such review will be conducted by a licensed health care professional chosen by the covered entity; however, the person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that any of the medical information we have about you is incorrect or incomplete, you may ask us to amend such information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to us at the contact information at the end of this document. In addition, you must provide a reason that supports your request.

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:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the medical information kept by or for the covered entity;

Is not part of the information which you would be permitted to inspect and copy; or

Is accurate and complete.

If we deny the requested amendment, you have the right to submit a written statement disagreeing with the denial or, alternatively, you may request the covered entity to provide your request for amendment and the denial with any future disclosures of the information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your medical information made by us in the six year prior to the date on which the accounting is requested, starting from May 1, 2008 (the compliance date of the HIPAA Privacy Standards). Such right to accounting, however, does not extend to disclosures made to you, pursuant to an authorization, incident to a use or disclosure otherwise permitted or required, for treatment, payment and health care operations, for the patient directory, to family members or friends involved in your care, for notification purposes, for national security or intelligence purposes, to correctional institutions or law enforcement officials in custodial situations, or as part of a limited data set in accordance with applicable law.

To request an accounting of disclosures to which you are entitled, you must submit your request in writing to us at the contact information at the end of this document. Your request must state a time period which may not be longer than six years and may not include dates before May 1, 2008. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within any consecutive 12 month period will be free. For additional lists, we may charge you for the costs associated with providing the list. If we intend to charge a fee, we will notify you of the estimated cost involved and will give you an opportunity to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions.** You have the right to request restrictions or limitations on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to a relative about a surgery you had.

*Although 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. A restriction agreed to by the covered entity is not effective to prevent uses or disclosures permitted or required under Section III.A below (excluding treatment, payment, and health care operations).*

Your request for restrictions should be made in writing to us at the contact information at the end of this document. In your request, you should tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse, relative, etc.).

**Right to Request Confidential Communications.** 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. Any such request must be made in writing to us at the contact information at the end of this document and must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

**Right to Receive a Copy of This Notice.** You have the right to receive 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 this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our Website,

[www.saunderspando.com](http://www.saunderspando.com) or by contacting us at the contact information at the end of this document.

#### Use and Disclosure of Your Medical Information

**Uses and Disclosures of Medical Information That Do Not Require Your Consent or Authorization.** Following are examples of the types of uses and disclosures of your protected medical information that the covered entity is permitted or required by law to make without your consent or authorization.

**Treatment:** To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, medical students or other covered entity personnel who are involved in your treatment. For example, a doctor may need to know what drugs you are allergic to before prescribing medications. Departments within the covered entity may share medical information about you to coordinate your care. For instance, the laboratory may request information to complete lab work. We may also disclose medical information about you to people who may be involved in your medical care after you leave the covered entity, such as home health agencies, your family and clergy members.

**Payment:** We may use and disclose your medical information for the covered entity to bill and receive payment for the treatment that you received here. For example, we may use or disclose your medical information to your insurance company about a service you received at our offices so that your insurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it.

**Health Care Operations:** We may use and disclose medical information about you for our internal operations. These include uses and disclosures that are necessary to run our office operations and make sure that our patients receive quality care. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you. Medical information about you and other patients may also be combined to allow us to evaluate whether we should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other health care providers to evaluate whether we can make improvements in the care and services that we offer. To best protect your privacy when we are combining medical information, we will remove information that identifies you.

**Required By Law:** We may use or disclose your medical information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your protected medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury or disability (e.g., reporting of disease, injury, vital elements such as birth or death, public health surveillance or investigations, etc.). We may also use or disclose your medical information, if directed by the public health authority, to an official of a foreign government agency that is collaborating with the public health authority.

**Food and Drug Administration:** We may disclose your medical information to a person/company subject to the jurisdiction of the U.S. Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person/company has responsibility, for the purpose of the activities related to the quality, safety or effectiveness of such product or activity. Such purposes include to collect or report adverse events, product defects or problems, or biologic product

deviations; to track FDA-regulated products; to enable product recalls, repairs or replacement, or look-back (including locating and notifying individuals who have received such products); or to conduct post marketing surveillance.

**Communicable Diseases:** We may disclose your medical information, 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.

**Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical information 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. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Health Oversight:** We may disclose medical information 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.

**Judicial and Administrative Proceedings:** We may disclose your medical information in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process, but only if reasonable efforts have been made to notify you of the request or to obtain a protective order limiting the use of the information to the litigation or proceeding for which it was requested.

**Law Enforcement:** We may also disclose medical information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as 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 covered entity, and (6) medical emergency (not on the covered entity's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose medical information 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 protected health information to a funeral director, consistent with applicable law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Information may be used or disclosed to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Research:** We may disclose your medical information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your medical information, 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 medical information if it is necessary for law enforcement authorities to identify or apprehend an individual because of a statement

by the individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim or where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose medical information 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 Veteran 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 medical information to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

**Worker's Compensation:** Your medical information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (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.

**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 law and regulations.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office(s).

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible 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.

**Uses and Disclosures to Which You Have the Opportunity to Object.**

We may use or disclose your medical information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. Please direct any written objections or restrictions to us at the contact information at the end of this document.

**Product and Component Selection and Procurement:** Unless you object, we may include certain limited information about you in ordering and obtaining specialized and/or custom made components and products for use in your treatment and the services we provide you as a patient. This information may include your name, address, phone number, date of birth, condition, physician, physician address, diagnosis, past treatment, height, weight, age, activity level, side, size, color, and type of component(s) needed.

**Product Warranty Information:** Unless you object, we may include certain limited information about you in filing for warrantee coverage for

components and parts used in relation to your treatment and the services we provide you as a patient. This information may include your name, address, condition, height, weight, age, activity level, side, size, color, part number(s) and serial number(s) of component(s) used.

**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, medical information that directly relates to that person's 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 medical information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Uses and Disclosures of Medical Information That Require Your Authorization.** Other uses and disclosures of your medical information not covered by the preceding categories will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that the covered entity has already taken an action in reliance on your previous authorization.

**Changes to This Notice.** We are required to abide by the terms of this notice, which is currently in effect. However, we reserve the right to change this notice at any time. In addition, we reserve the right to make the revised or changed notice effective for the medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each location of Saunders Prosthetics & Orthotics Group, LLC. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at Saunders Prosthetics & Orthotics Group, LLC for treatment or health care services, we will offer you a copy of the then current notice in effect.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please use the contact information at the end of this document. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Contact Information.** Questions, comments and requests regarding the matters described in this notice should be directed to the following:

Title: Privacy Officer  
Address: Saunders Prosthetics & Orthotics Group, LLC.  
761 County Road 466  
Lady Lake, FL 32159  
Telephone: (352) 259-9749  
Facsimile: (352) 259-8209