

## 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 health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you have any questions about this Notice please contact our Privacy Officer: Michael Pack, C.P. at 602-745-2080. Our practice reserves the right to change this Notice in the future.

### OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). We are required by law to maintain the confidentiality of your PHI. We are also required to inform you of any breach of your PHI as outlined by the OCR and HHS. We realize that these laws are complicated, but we must provide you with the following important information:

### USE & DISCLOSURE OF YOUR HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

Your protected health information may be used and disclosed by your prosthetist, our office staff and/or others outside of our office who are involved in your care and treatment for the purpose of providing healthcare 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 PHI that this facility is permitted to make. We have provided examples, but not all circumstances are listed:

For Treatment: We will use and disclose your PHI to provide, coordinate, or manage your care. This includes the coordination of your care with a third party that has already obtained your permission to have access to your PHI, or other medical personnel directly involved in your treatment plan. For example, we may disclose your PHI, as necessary, to the physician that referred you to us.

For Payment: Your PHI may 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 services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of this facility. These include, but are not limited to: quality assessment activities, employee review activities, 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 associate involves the use or potential use of PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Marketing & Other Fundraising Communications: We will not disclose your PHI or likeness in any marketing, advertising or promotional materials without your written consent. From time to time we may contact you to inform you of services we offer or changes to our services that may affect you. You have the right to opt out of any such contact if you wish. Please contact our office to do so.

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.

5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Worker's Compensation and similar programs.

#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Communications: You can request that our practice communicate with you about your health and related issue in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your prosthetist is not required to agree to a restriction that you may request. If the prosthetist believes it is in the patient's best interest to permit use and disclosure of the protected health information, the protected health information will not be restricted. You then have the right to use another Healthcare Professional.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Artificial Limb Specialists. In accordance with the Arizona Revised Statutes, Title 12, Chapter 13, Article 7.1, Subsection 2295, a fee will be charged for obtaining a copy of your medical record.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Artificial Limb Specialists. Please contact our office manager at 602-745-2080 for further information. You must provide us with a reason that supports your request for amendment.
5. You have the right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk.
6. You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our office manager at 602-745-2080. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
8. You have the right to request non-disclosure to a health plan for any services you have paid for in full out-of-pocket. We will accommodate such requests when paid in full.

If you have any questions regarding this notice or our health information privacy policies, please contact our office manager, or privacy officer at 602-745-2080, or by sending an email to [info@limbspecialists.com](mailto:info@limbspecialists.com).