

WESTCOAST BRACE & LIMB

NOTICE OF PRIVACY PRACTICE

Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

Describe as follows are the ways that we may use and disclose health information that identifies you. Except for the following purposes, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our practice's privacy office.

Treatment: We may use and disclose health information for your treatment and to provide you with treatment-related health care services. For example: we may disclose health information to doctors, nurses, technicians, or other personnel, include people outside our office, who are involved in your medical care and need the information to provide you with medical care.

Payment: We may use and disclose health information so that others, or we, may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

Health Care Operations: We may use and disclose health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure that care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services: We may use and disclose health information to contact you and to remind you that you have an appointment with us. We also may use and disclose health information to tell you about treatment alternatives, or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment of Your Care: We may share health information with a person who is involved in your medical care or payment for your care, such as your family or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Special Situations: As required by law. We will disclose health information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates: We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contracts.

Military or Veterans: If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of a foreign military authority.

Worker's Compensation: We may release health information to worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information for public health activities. These generally include disclosures to prevent or control disease, injury, or disability.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right law.

Lawsuits & Disputes: If you are involved in a lawsuit or dispute, we may disclose health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release health information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process, 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person, 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement, 4) about a death we believe may be a result of criminal conduct, 5) about criminal conduct on our premises, and 6) in an emergency 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 health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release health information to funeral directors as necessary for their duties.

National Security & Intelligence Activities: We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President & Others: We may disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of State, or to conduct special investigations.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care, 2) to protect your health and safety, or 3) for the safety and security of the correctional institution.

YOUR RIGHTS: You have the following rights regarding health information we have about you

Right to Inspect & Copy: You have the right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this health information, you may make your request in writing, to **See Below**.

Right to Amend: If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an account of disclosures, you may make your request, in writing to **See Below**.

Right to Request Restrictions: You have the right to request restrictions or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment of your care, like a family member or friend. To request a restriction, you must make your request, in writing, to **See Below**. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communication, you must make your request, in writing, to **See Below**. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Changes to this notice: We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. This notice will contain the effective date on the first page.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact, **See Below**. All complaints must be made in writing. You will not be penalized for filing a complaint.

Privacy Officer:

Sharon Dorr
Westcoast Brace & Limb
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