



339 South Preston Street
Louisville, KY 40202
Tel: (502) 585-4228
Fax: (502) 585-4476

HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.

INTRODUCTION

The goal of KENTUCKY PROSTHETICS & ORTHOTICS is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect. This notice describes the practices of our employees and staff as well as any contracted billing service providers or other associated service provider. All of these individuals, entities, sites, and locations will follow the terms of this notice. In addition, these individuals, entities, sites, and locations may share medical information with each other for the treatment, payment, or health care operation purposes described in this notice.

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as: (1) Your name, address, and phone number. (2) Information relating to your medical history. (3) Your insurance information and coverage. (4) Information concerning your doctor, nurse or other medical providers. In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your "circle of care"- such as your doctors, your health plan, and close friends or family members.

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a change to this Notice, the change will be posted in our office. You may request a copy of the revised Notice at any time.

PERMITTED USES and DISCLOSURES

We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

For Treatment: We will use health information about you to furnish services and items to you, in accordance with our policies and procedures. For example, we will use your medical history, such as any presence of diabetes, to determine the orthotic or prosthetic device you might need.

For Payment: We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition in order to pay us for the orthotic/prosthetic devices or other services that we have provided to you. We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the orthotic/prosthetic device or services are covered.

For Health Care Operations: We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for auditors or other consultants to review our practices, evaluate our operations, and inform us on how to improve our operations.

Individuals Involved in Your Care or Payment for Your Care: We may disclose information to individuals involved in your care or in the payment for your care, but we will obtain your consent before doing so. This includes people and organizations that are part of your "circle of care" -- such as your spouse, your doctors, or an aide who may be providing services to you. Although we must be able to communicate with your physicians or health care providers, you can let us know if we should not communicate with other individuals, such as your spouse or family.

Our Business Associates: We sometimes work with outside individuals and businesses who help us to operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Research: Patients sometimes participate in clinical research that we conduct. If you are a participant, we gather certain personal health information about your condition and treatment and use this information in compiling our research results. We may share our research results with outside entities, including professional journals, but in these circumstances, we will remove information that identifies you.

Treatment Alternatives: We may use and disclose your personal health information in order to tell you about or recommend possible treatment options or alternatives that may be of interest to you.



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OTHER USES and DISCLOSURE OF PHI

There are a number of public policy reasons why we may disclose information about you without any opportunity for your objection.

We will or may disclose health information about you **when we are required to do so by federal, state, or local law**, in connection with certain **public health reporting activities**, and in connection with certain **health oversight activities** of licensing and other agencies.

We will disclose information in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.

We may release personal health information **to a coroner or medical examiner**.

We may release your personal health information **to workers' compensation** or similar programs.

Information about you also will be disclosed **when necessary to prevent a serious threat to your health and safety or the health and safety of others**.

To the extent another state or federal law restricts the ability of the practice to use or disclose protected health information as discussed above, the practice description of the use or disclosure must reflect the more stringent law

De-Identified Information: Please be aware that we may also provide other businesses certain "de-identified" information that may group you with other similarly situated or treated individuals. This de-identified information may be used for educational purposes, research purposes, market analysis, or marketing purposes. This information may be provided by us for a fee.

Military and Veterans: If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We also may release personal health information about foreign military personnel to the appropriate foreign military authority.

YOUR RIGHTS REGARDING PHI

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required, to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at work, by mail, or by email.

Except under certain circumstances, you have the right to inspect and copy medical and billing records containing information about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services provided to you, or our health care operations. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

To exercise any of your rights, please contact our Privacy Officer in writing at: KENTUCKY PROSTHETICS & ORTHOTICS, 339 South Preston Street, Louisville, KY 40202.

CONSENT and REVOCATION OF CONSENT

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission at any time. All requests for revocation must be made in writing at the address listed above. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to reclaim any disclosures already made based upon your original permission.

COMPLAINTS/COMMENTS

If you have any complaints concerning our Privacy Policy, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov).

If you have a complaint, or need additional information regarding this notice, you may contact us directly at the address listed above or by calling (502)585-4228 and ask for our Privacy Officer.



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AGREEMENT and SIGNATURE

I have read, understand and acknowledged the information regarding my consent for the use and disclosure of protected health information.

Signature:

Date (MM/DD/YYYY):