



## NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

**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.**

### OUR PLEDGE REGARDING MEDICAL INFORMATION:

We are committed to protecting your Protected Health Information (PHI). We create a record of the care and services you receive at LANDMARK BRACING in order to provide you quality care and to comply with legal requirements. This notice applies to all records of your care containing information that is identifiable to you (PHI) generated by LANDMARK BRACING.

We are required by law to:

- Maintain the privacy of Protected Health Information and provide individuals with our legal duties and privacy practices with respect to PHI.
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Other uses and disclosures not described herein will be made only with the individual's authorization. Such authorization may be revoked.

*For treatment.* We may use your PHI to provide you medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other LANDMARK BRACING personnel who are involved in taking care of you at LANDMARK BRACING. For example, a doctor treating you for a broken leg may know you have diabetes the doctor may need to tell the physical or occupational therapist so that they can provide the appropriate plan of care. LANDMARK BRACING also may share medical information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people who may be involved in your medical care after you leave LANDMARK BRACING, such as family members, clergy or others we use to provide services that are part of your care.

*For payment.* We may use and disclose medical information about you so that the treatment and services you receive at LANDMARK BRACING may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about physical therapy or occupational therapy you received at LANDMARK BRACING so your health plan will pay us or reimburse you for physical or occupational therapy services. We may also tell your health plan about a treatment you are going to receive to obtain prior authorization or to determine whether your plan will cover the treatment.

*For health Care Operations.* We may use and disclose medical information about you for LANDMARK BRACING operations. These uses and disclosures are necessary to run our facilities and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services LANDMARK BRACING should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other LANDMARK BRACING personnel for review and learning purposes. We may also

combine the medical information that has had personal identifiers removed we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer.

*Individuals Involved in Your Care or Payment for Your Care.* We may release PHI about you to a friend or family member who is involved in your medical care. We may also give this information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in our office unless you specifically ask us not to. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

*As Required By Law.* We will disclose PHI about you when required to do so by federal, state or local law.

*To Avert Serious Threat to Health or Safety.* We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### SPECIAL SITUATIONS:

*Military and Veterans.* If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. We may use and disclose components of the Department of Veterans Affairs medical information about you to determine eligibility for certain benefits.

*Workers' Compensations.* We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injury or illness.

*Public Health Risk.* We may disclose PHI about you for public health activities. These activities generally include but are not limited the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using; \*To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been a victim of abuse or neglect. We will only make this disclosure if you agree or when required or authorized by law.

*Health Oversight Activities.* We may disclose PHI to a health oversight agency for activities authorized by law including audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

*Law Enforcement.* We may release PHI if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect fugitive material witness, or missing person;
- About the victim of a crime if under certain limited circumstances, we are unable to obtain the person's agreement;
- About criminal conduct at LANDMARK BRACING; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

*National Security and Intelligence Activities.* We may release PHI about you to authorized federal officials for national security activities authorized by law.

*Protective Services for the President and Others.* We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

*Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI 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 of others; or (3) for the safety and security of the correctional institution.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION (PHI) 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 PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

You must submit your request in writing to our office. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request in writing to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The Compliance Officer, Marnie Herring, of LANDMARK BRACING will review your request and the denial. 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 PHI we have about you 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 LANDMARK BRACING.

Your request must be made in writing and submitted to our office. 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 LANDMARK BRACING;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

*Right to an Accounting of Disclosures.* You have the right to request an “accounting of disclosures.” This is a list of the disclosure of your PHI that have been made in accordance with HIPAA regulations.

To request an accounting of disclosures, you must submit a request in writing to our office. Your request must state a time period which may not be longer than six years. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing that list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost are incurred. Right to notification of breach of PHI. You have the right to receive notification of breach of your unsecured PHI.

*Right to Request Restrictions.* You have the right to request a restriction or limitation 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 PHI 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 about a surgery you had.

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 or required by law.

You have the right to request that we not disclose certain PHI to your health plan when you have paid out of pocket, in full for the service or item.

To request restrictions, you must make a request in writing to our office. In your request, you must 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, disclosure to your spouse.

*Right to Request Confidential Communications.* You have the right to request in writing 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.

To request confidential communications, you must make your request in writing to our office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

*Right to a Paper Copy of This Notice.* You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. It may be obtained from the front desk in any of our facilities. You may obtain a copy of this notice at our website at [www.northplattept.com](http://www.northplattept.com).

#### CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have as well as any information we receive in the future. We will post a copy of the current notice in LANDMARK BRACING. The notice will contain the first page the effective date. In addition, each time you register at LANDMARK BRACING for treatment or health care services as an outpatient, we will offer you a copy of the current notice in effect.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with LANDMARK BRACING or with the Secretary of the Department of Health and Human Services. To file a complaint with LANDMARK BRACING, contact Kate Kysar (307) 754-1235. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.