

- You have the right to request a restriction of your protected health information.
- You have the right to request to receive confidential communication from us by alternative means or at an alternative location.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you in any way for filing a complaint; whether with us or with the Secretary. You may contact our Privacy Contact, Beth Lotz at (715) 845-2800 for further information about the complaint process.

4. Changes to This Notice

We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to Protected Health Information received before the change in the privacy practices. You may obtain a revised Notice by calling the office and requesting a revised copy be sent to you in the mail or by asking for one at the time of your next appointment.

PROSTHETIC ORTHOTIC CENTER

935 S. 17TH AVE
WAUSAU, WI 54401

715-848-0650

Offices Located in the Cities of

Wausau
Stevens Point

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October 15, 2014



NOTICE OF PRIVACY PRACTICES FOR PROSTHETIC ORTHOTIC CENTER

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. IF YOU WOULD LIKE A FULL COPY OF THE NOTICE PLEASE LET OUR OFFICE STAFF KNOW.

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

This Notice of Privacy Practices describes how we may use and disclose your **Protected Health Information (PHI)** to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. Your “protected health information” means any of your written and oral health information, including your demographics data that can be used to identify you. This is health information that is created or received by your health care provider, and relates to your past, present and future physical or mental condition.

We are strongly committed to protecting your PHI. We create a medical record about your care because we need the record to provide you with appropriate treatment and to comply with various legal requirements. We transmit some medical information about your care in order to obtain payment for the services you receive, and we use certain information in our

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, orally or in writing, our PHI that directly relates to the person's involvement in your health care.

D. Other Permitted and Required Uses and Disclosures that May be Made Without Your Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to object.

- Required By Law
- Public Health
- Communicable Diseases
- Health Oversight
- Abuse or Neglect
- Military and Veterans
- Food and Drug Administration
- Legal Proceedings
- Law Enforcement
- Coroners, Funeral Directors, and Organ Donation
- Research
- Criminal Activity
- Military Activity and National Security
- Workers' Compensation
- Inmates
- Required uses and Disclosures

2. Your Rights Regarding Health Information About You

The following is a statement of your rights with the respect to your PHI.

- You have the right to inspect and copy your PHI

- Treatment Alternatives
- Appointment Reminders
- Marketing and Health Related Benefits and Services
- Sale of the Practice

B. Uses and Disclosures of PHI Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing. You understand that we cannot take back any use or disclosure we may have made under the authorization before we received your written revocation, and that we are required to maintain a record of the medical care that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. We will not condition your treatment in any way on whether or not you sign any authorization.

C. Other Permitted and Required Uses and Disclosures that May Be Made Either With Your Agreement or the Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your (Orthotist or Prosthetist) may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

day-to-day operations. This Notice will let you know about the various ways we use and disclose your PHI and describe your rights and our obligations with respect to the use or disclosure of your PHI. We will also ask that you acknowledge receipt of this Notice the first time you come to or use any of our facilities, because the law requires us to make a good faith effort to obtain your acknowledgment.

We are required by law to:

- Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable law;
- Give you this Notice of our legal duties and our privacy practices; and
- Abide by the terms of the Notice of Privacy Practices that is in effect from time to time.

1. Uses and Disclosures of PHI

A. Uses and Disclosure of PHI

Your PHI may be used and disclosed by your (Orthotist or Prosthetist), our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care 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 use or disclosure we may make, but not every use or disclosure in any of the following categories will be listed.

- For Treatment
- For Payment