



NOTICE OF PRIVACY PRACTICES

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.

SECTION A: Uses and Disclosures of Protected Health Information

Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as Protected Health Information). We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information (referred to as PHI) and to abide by the terms of this notice, as it may be updated from time to time. We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. For treatment purposes, such uses and disclosures will take place in providing, coordination, or managing healthcare and its related services by one or more of our providers, such as when someone from Bionic Prosthetics and Orthotics consults with your physician, or a specialist, or insurance company regarding your condition, treatment, or medical equipment.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing medical equipment; such as when your case is reviewed to ensure appropriate equipment was rendered. For reimbursement purposes, your PHI may be disclosed to one or several intermediaries employed by your plan sponsor including, but not limited to, insurers, physician, claim administrators.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement, provider review and training, underwriting activities, reviews and compliance activities; planning, development, management and administration.

Your information could be used, for example, to assist in the evaluation of the quality of care you were provided.

We may use and disclose your PHI, without your authorization, when Bionic Prosthetics and Orthotics needs to contact another healthcare provider or staff member and is permitted or required to do so without individual written consent or authorization. We may use and disclose your PHI if we are contracted by another DME provider, who states they have your request and consent to transfer DME equipment records to them. We may disclose PHI about you, without your authorization, to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, as required by law.

Other uses and disclosures will be made only with your written authorization and you may revoke your authorization at the time by notifying us, except to the extent that Bionic Prosthetics and Orthotics has already taken action in reliance on a previously signed authorization form.

You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations. However we are not required to agree to your request.

You have the right to request the following, with respect to your PHI: (1) inspection and copying; (2) amendment or correction; (3) an accounting of the disclosures of this information by us; (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your caregivers, for notifications or as otherwise excluded by law); and (4) receipt of a paper copy of this notice upon request.

Bionic Prosthetics and Orthotics will require patients to make requests for access to their PHI in writing.

Bionic Prosthetics and Orthotics may charge you for supplies, labor, and the postage involved in preparing PHI for your request. If you desire a price quote for this service, you must request one. You have the right to withdraw your request of the PHI prior to the delivery. In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of PHI by alternative means or at alternative locations. To make this request, please contact us.

We may use your name to reference your prescriptions and medical equipment services. You may be required to sign a signature form or acknowledge receipt of service, to acknowledge receipt of this notice and the disclosure of PHI. You may restrict or prohibit these uses and disclosures by notifying a Bionic representative in writing of your restriction or prohibition. We are not required to honor those requests.

If you request our services, we are able to provide services to you, even if you object to signing the acknowledgment of the receipt of this notice or if we decide not to honor a request regarding the information in this document while noting your request and refusals in our records.

In the event of an emergency or your incapacity, we will do, in our reasonable judgment, what is consistent with known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures under such circumstances and give you an opportunity to object as soon as practicable.

We will use our judgment and experience regarding our best interest in allowing people to pick up your equipment for you. If you are incapacitated, or there is an emergency, we may use or disclose PHI to notify, identify or locate a family member or another person responsible for your care. Such disclosure will be limited to information that is relevant to that person's involvement with your healthcare. If you object to this use or disclosure, we will do what, in our judgment, is in your best interest regarding such disclosure. We reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI created or maintained after the effective date of such changes. You may receive a copy of this notice by contacting us or upon the receipt of your written request.

If you believe that your privacy rights have been violated, you may file a complaint with us or the Secretary of Department of Health and Human Services. You will not be retaliated against for filing a complaint. More detailed information of your privacy rights can be found on www.hhs.gov or can be made available upon request.