

Uses and Disclosures Upon Written Authorization

All other uses and disclosures of your Protected Health Information that are not described above will be made only with your written authorization. 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. With the exception of research-related treatment, we will not condition your treatment on whether or not you sign any authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights. You have the right to:

Access Your Medical Information

You may inspect and obtain a copy of you Protected Health Information contained in your medical and billing records and any other records that Cotton Orthotic and Prosthetic Associates, LLC uses for making decisions about you, for as long we maintain the Protected Health Information. To inspect and copy your medical information, you must submit a written request to the office that provided service(s) to you. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us complying with your request.

We may deny your request in limited situations. For example, you may not inspect or copy psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and certain other specified Protected Health Information defined by law. In some circumstances, you may have the right to have this decision reviewed by a licensed health care professional. The person conducting the review will not be the person who initially denied your request. We will comply with the decision in any review. Please contact Cotton Orthotic and Prosthetic Associates, LLC at the address listed on this brochure if you have questions about access to your Protected Health Information.

Request Restrictions

You may ask us to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or health care operations. You may also request that any part of your Protected Health Information not be disclosed to family members, relatives, friends or other persons who may be involved in your care, or for notification or disaster relief efforts, as described in the Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Cotton Orthotic and Prosthetic Associates, LLC. is not required to agree to a restriction that you may request.

If we agree to the requested restriction, we may not use or disclose you Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by submitting a written request to Cotton Orthotic and Prosthetic Associates, LLC where we have provided you with the health care services or at the address listed on this brochure.

Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible. You may make this request by submitting a written request to Cotton Orthotic and Prosthetic Associates, LLC where we have provided you with the health care services or at the address listed on this brochure.

Request an Amendment

You may request an amendment of you Protected Health Information contained in you medical billing records and any other records that Cotton Orthotic and Prosthetic Associates, LLC uses for making decisions about you, for as long as we maintain the Protected Health Information. You must make this request by submitting a written request to Cotton Orthotic and Prosthetic Associates, LLC where we have provided you with the health care services or at the address listed on this brochure, and provide a reason or reasons that support your request.

We may deny any request that is not in writing or does not state a reason supporting the request.

We may deny your request for an amendment of any information that:

1. Was not created by us, unless the person that created the information is no longer available to amend the information;
2. Is not part of the Protected Health Information kept by or for us;
3. Is not part of the information you would be permitted to inspect or copy; or
4. Is accurate and complete.

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact Cotton Orthotic and Prosthetic Associates, LLC where we have provided you with the health care services or at the address listed on this brochure.

Accounting of Disclosures

This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in the Notice of Privacy Practices. It also excludes disclosures: (1) to you; (2) to your family members, relatives, friends or other persons who may be involved in you care, or for notification or

disaster relief efforts; (3) for national security or intelligence purposes; (4) to correctional institutions or law enforcement officials; (5) that occurred prior to March 1, 2012; (6) made incident to a permitted or required use or disclosure, as described in the Notice; and (7) made pursuant to an authorization. The right to receive an accounting of disclosures is subject to certain other exceptions, restrictions and limitations. You must submit a written request for disclosures in writing to Cotton Orthotic and Prosthetic Associates, LLC where we have provided you with the health care services or at the address listed on this brochure. You must specify a time period, which may not be longer than six years from the date of this request and cannot include any date before March 1, 2012. You may request a shorter timeframe. Your request should indicate the form in which you want the list (i.e., on paper, etc.). You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about the charges you will be required to pay, and you are free to withdraw or modify your request in writing before any charges are incurred.

Obtain a Paper Copy of this Notice

You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of the Notice. You may obtain a paper copy of the Notice by asking you practitioner for a copy at your next appointment, or by sending a written request for a paper copy to the Cotton Orthotic and Prosthetic Associates, LLC office listed below.

COMPLAINTS

If you believe your privacy rights have been violated by us, you may file a complaint with us or to the Secretary of the U.S. Department of Health and Human Services.

You may file a complaint with us in writing or phoning the Cotton Orthotic and Prosthetic Associates, LLC office listed below.

Cotton Orthotic and Prosthetic Associates, LLC
Attn: HIPAA Privacy Officer
6311 West 110th Street
Overland Park, KS 66211
(913) 338-2672 (COPA)

Office Hours: Mon-Fri 8:30a.m. – 5:00p.m.
In case of Emergency, Call 911 or (913) 338-2672

You may contact the Cotton Orthotic and Prosthetic Associates, LLC Privacy Officer for further information about the complaint process or for additional information about any of the other matters identified in the Notice.

We will not retaliate against you in any way for filing a complaint, whether with us or with the Secretary.

This Notice is effective in its entirety as of March 1, 2012.

Cotton Orthotic and Prosthetic Associates, LLC
Notice of Privacy Practices
Effective March 1, 2012

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.

The Health Insurance Portability and Accountability Act (**HIPAA**) requires that you receive a copy of this Notice of Privacy Practices.

We are committed to protecting your medical information also referred to as “Protected Health Information”. We created 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 may offer some medical information about your care in order to obtain payment for the services you receive. In addition, we use certain information in our daily operations. This Notice is provided to let you know about some of the ways we use and disclose your Protected Health Information. This Notice describes your rights and our obligations with respect to the use or disclosure of you Protected Health Information.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

We will request you to provide a signed acknowledgement of receipt of this Notice. The intent of this process is to make you aware of the possible uses and disclosures of your Protected Health Information and you privacy rights. The delivery of our services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your Protected Health Information for the purposes described in this Notice.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected Health Information” is individually identifiable health information. This information relates to your past, present, or future physical or mental health or condition and related health care services; to the past, present or future payment for such health care services; and includes demographic information such as your age, address or e-mail. Cotton Orthotic and Prosthetic Associates, LLC is required by law to do the following: