

- Make sure that your Protected Health Information is kept private.
- Give you this Notice of our legal duties and privacy practices related to the use and disclosure of your Protected Health Information.
- Follow the terms of the Notice currently in effect.
- Describe how we will communicate any changes in this Notice to you.

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised Notice effective for Protected Health Information we already have about you, as well as any Protected Health Information we create or receive in the future. You may obtain another Notice of Privacy Practices by asking your practitioner for a copy at your next appointment, or by sending a written request for a copy 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.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different types of uses and disclosures of your Protected Health Information that we are permitted or required to make. We have also provided some examples of the types of uses and disclosures that fall within a category. However, not every use or disclosure in a category will be listed.

Uses and Disclosures for Treatment, Payment and Health Care Operations

Treatment We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of you health care with a third party. For example, we would disclose your Protected Health Information, as necessary, to the physician that referred you to us. We will also disclose Protected Health Information to other health care providers who may be treating you.

Payment We may use and disclose your Protected Health Information in order to bill and obtain payment for health care services provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommended for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also tell your health plan about an orthotic or prosthetic device you are going to receive to obtain prior approval or to determine whether your plan will cover the device.

Prosthetic & Orthotic Services We may use or disclose your Protected Health Information in connection with our business operations. These operations include, but are not limited to, quality assessment activities, development of clinical guidelines, reviewing the qualifications and performance of practitioners and other health care professionals, training activities, legal services and auditing functions, business planning and development and

business management and general administrative activities of our facilities. We may share your Protected Health Information with third party “business associates” that perform various activities (i.e., collections, transcription services) for our facilities. Whenever an arrangement between our facility and our business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that we will protect the privacy of your Protected Health Information.

Treatment Alternatives We may use or disclose your Protected Health Information to provide you with information about treatment alternatives or other health-related products and services that may be of interest to you.

Appointment Reminders We may use or disclose your Protected Health Information to contact you to remind you of your appointment.

Sign In Sheets We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your practitioner is ready to see you.

Sale of the Practice If we decide to sell this practice or merge or combine with another practice, we may share your Protected Health Information with prospective buyers or new owners.

Other Permitted or Required Uses and Disclosures Without Written Authorization

Friends and Family Members Unless you object, or in the event that you are not present or are incapacitated or in an emergency, we may disclose to a member of your family, a relative, a close friend, or any other person that you identify, your Protected Health Information as it directly relates to that person’s involvement in your Health Care, or payment for such care. Additionally, we may use or disclose Protected Health Information to notify or assist in notifying your family member, your personal representative, or any other person responsible for your care, of your general condition, status, and location. Finally, we may also use or disclose your Protected Health Information to an entity assisting in disaster relief efforts so that your family member, your personal representative or other person responsible for your care can be notified about your general condition, status and location.

Required by Law We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by Federal, State, or local law.

Public Health Activities We may disclose your Protected Health Information for public health activities to health authorities who are legally authorized to receive such information. These activities include, but are not limited to, preventing or controlling disease, injury or disability; reporting vital events; and conducting public surveillance, public health investigations, and public health interventions, including notifying persons who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight Agencies We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections; licensure and disciplinary actions; and civil, administrative and criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and compliance with the civil rights laws.

Abuse, Neglect or Domestic Violence We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your Protected Health Information to a governmental entity or agency authorized by law to receive such reports of abuse, neglect or domestic violence, including a social service or protective services agency. We will only make this disclosure if you agree or when required or authorized by law.

Food and Drug Administration We may disclose your Protected Health Information to a person or company required by the FDA to report adverse events, product defects or problems or biologic product deviations; to track products; to enable product recalls, repairs, or replacements; or to conduct post marketing surveillance, as required.

Legal Proceedings We may disclose Protected Health Information about you in response to an order by a court or administrative tribunal. We may also disclose Protected Health Information about you in response to a subpoena, discovery request or other lawful process by a party to a judicial or administrative proceeding, but only if efforts have been made to notify you about the subpoena, discovery request or lawful process, or to obtain an order from the court or administrative tribunal protecting the information requested.

Law Enforcement We may disclose your Protected Health Information in response to a court order, a court-ordered subpoena, warrant or summons, or similar process authorized by law. Also, in response to a request from a law enforcement official, we may disclose Protected Health Information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or pertaining to a known or suspected victim of a crime. Finally, we may disclose Protected Health Information to a law enforcement official: (1) to report a death that we suspect may be the result of criminal conduct; (2) to report criminal conduct on our premises; or (3) in the event of a medical emergency (not on our premises), to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Limited Data Sets We may use or disclose your Protected Health Information as a part of a “limited data set”. A limited data set contains information regarding all or a portion of our patients, with most individual identifiers, except for dates of birth or dates of service and city, state and zip codes, removed. We may use or disclose Protected Health Information as part of a limited data set for the purposes of research, public health, accreditation, or for quality or other health care operations.

When we disclose a limited data set to a third party, we will first obtain a written agreement from that party stipulating that it will not re-identify the information or contact the individuals.

Research Under certain circumstances, we may disclose your Protected Health Information to researchers when their research has been approved by an Institutional Review Board or a privacy board that has reviewed the research of your Protected Health Information. We may also disclose your Protected Health Information to persons who are preparing to conduct a research project provided that they do not remove such information from our premises.

Public Health or Safety We may use and disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Under certain circumstances, we may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military and National Security If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority. Finally, we may release Protected Health Information about you to authorized federal officials so that they may: (1) conduct intelligence, counter-intelligence, and other national security activities authorized by law; or (2) provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

Workers’ Compensation We may disclose your Protected Health Information as authorized to comply with workers’ compensation laws and other similar legally established programs that provide benefits for work-related illnesses and injuries.

Correctional Institutions If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official if necessary: (1) for provision of health care to you; (2) to protect your health and safety or the health and safety of others; (3) for law enforcement on the premises of the correctional institution (4) for the administration and maintenance of the safety and security of the correctional institution.

Parental Access Some state laws concerning minors permit or require disclosure of Protected Health Information to parents, guardians, and persons acting in a similar legal status. We will comply with the applicable law of the state where treatment is provided and will make disclosures in accordance with such law.