



NOTICE OF PRIVACY POLICY

Use and disclosure of Medical Information

Medical history information, demographic information and financial information obtained during the course of your visit is kept by this office in the form of Medical Records. We value this information and understand that this information is confidential. Therefore, we have put in place safeguards to protect your personal health information (PHI) from unauthorized access. The following information explains how this PHI is used, when it is shared (disclosed), and when we require your consent to release this information.

- **Treatment**— PHI is collected and documented regarding your care at each visit. This information is used to keep track of changes in your condition as well as remind us of your past care and other facts relevant to your overall health. This information may be shared with other healthcare professionals involved in your care.
- **Payment** — PHI regarding your diagnoses and treatment is shared with your insurance carrier(s) to justify services for payment as necessary.
- **Health Care Operations** —We may use or disclose your PHI in connection with our business operations. These operations include, but are not limited to, quality assessment activities, development of clinical guidelines, training activities, fabrication, legal services and auditing functions. We may share your information with third party “business associates” that perform various activities, such as collections for our facilities. Whenever an arrangement between us and our business associates involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your personal health information.
- **As required to by Law** — We may, and are sometimes required by law to provide your PHI. We will abide by the law as written. Examples of this include the required reporting of certain contagious diseases to public health agencies, judicial proceedings or law enforcement by subpoena such as complying with a court order, warrant, grand jury subpoena and other law enforcement purposes; required reporting of abuse or neglect, including to social services or protective services agency. We may also disclose your PHI to a law enforcement official’s for purposes such as identifying or locating a suspect, fugitive, material witness or missing person.
- **Food and Drug Administration**—We may disclose your PHI to a person or company required by the food and drug administration to report adverse events, product defects or problems or biologic product deviations; to track product; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance, as required.
- **Appointment Reminders**—We may use and disclose PHI to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
- **Sign in Sheet**—We may use and disclose PHI about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- **Change of Ownership**—In the event that this medical practice is sold or merged with another organization, your PHI record will become the property of the new owner, although you will maintain the right to request that copies of your PHI be transferred to another facility.
- **Parental Access**—Some state laws concerning minors permit or require disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will comply with the applicable law of the Louisiana.
- **Communication with Family**—We may disclose to a family member, or other relative, close personal friend, or any other person you may identify, PHI relevant to that person’s involvement in your care or payment related to your care.
- **Notification**—We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or guardian about your location or general condition. This includes disclosure to a public or private entity authorized to assist in disaster relief efforts.

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- **Marketing**—Uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization. Other uses and disclosures not described in this notice will be made only with your written authorization and you may revoke such authorization by writing to us at our practice address or delivering a written revocation to us in person.
- **Fund Raising**—We may contact you to be part of a fund raising effort. You may notify us that you would like to opt out of fund-raising communications and we will make reasonable efforts to satisfy your request.
- **Workers' Compensation**—We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs that provide benefits for work related illnesses and injuries.

YOUR RIGHTS: Your PHI record is the physical property of the healthcare provider that compiled it; the information belongs to you.

- You have a right to request restrictions on the use and disclosure of your PHI as provided for in *45 CFR 164.522*.
- You have a right to inspect and have a copy of your PHI as provided for in *45 CFR 164.524*.
- You have a right to request amendments to your PHI as provided for in *45 CFR 164.528*.
- You have a right to an accounting of disclosures starting from the effective date of this policy and with written notice as provided for in *45 CFR 164.528*.
- You have a right to a copy of this notification. One will be provided at your request.
- You have the right to revoke your authorization to use or disclose PHI except to the extent that action has already been taken.

Dynamic Orthotic Services, Inc. (DOS) reserves the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for PHI we have about you as well as any information we receive in the future. In the event there is a change to this notice, the change will be posted in our office. You may request a copy of the revised notice at any time. DOS is required to:

- Maintain the privacy of your PHI
- Provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable request you may have to communicate health information by alternative means or locations

If you have any complaints concerning this policy, you may contact the Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, D.C. 20201. You also may contact us at the address listed above or by calling (337)291-1016 and ask for our privacy officer.

Signature of Patient or Guarantor

Date

Please Print Patient's Name