



NEW BEGINNINGS ORTHOTICS + PROSTHETICS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of our patients' protected health information (PHI) and to provide patients with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this notice while it is in effect. This Notice takes effect June 1st, 2020 and will remain in effect until we replace it. We reserve the right to change the terms of this Notice of Privacy Practices as necessary, provided such changes are permitted by applicable law.

EXAMPLES OF USE AND DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

Treatment: We may use or disclose your health information to other medical professionals involved in your care. We may also release your PHI to another facility or professional who is not affiliated with our organization but who is or will be providing services or parts related to your treatment.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your PHI for any reason except those described in the Notice. .

Family and Friends: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

We may use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, supplies.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. at times it may be necessary for us to provide certain aspects of your PHI to one or more of these outside organizations who assist us with our healthcare operations or treatment. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

USES AND DISCLOSURES THAT REQUIRE AN AUTHORIZATION

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Sale of PHI: We will not sell your protected health information without your written authorization.

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REQUIRED USES AND DISCLOSURES

Required by Law: We may release your PHI when we are required to do so by law or by subpoena/discovery request.

Abuse or Neglect: We may release your PHI to appropriate authorities if, in limited instances, we suspect a serious threat to the health or safety of you or others.

National Security: We may release your PHI if you are a member of the military as required by armed forces services; we may also release PHI to authorized federal officials if necessary for national security or intelligence activities.

Workers' Compensation: We may release PHI to workers' compensation agencies if necessary for your workers' compensation benefit determination.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of New Beginnings Orthotics and Prosthetics, Inc., the information belongs to you. You have the right to inspect and obtain a copy of your PHI, however the request must be in writing and we have within thirty days to respond to your request. If you request a copy of your PHI, you will be financially responsible and the fee will be disclosed to you in advance:

- To copy and/ or inspect your PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative.
- To request that PHI that we maintain about you be amended or corrected. We may deny your request under certain circumstances. All requests must be in writing, signed by you or your representative and must state the reasons for the amendment/correction request.
- To receive a list of instances in which we or our business associates disclosed our PHI for up to 6 years prior to the date of request. Requests must be in writing and signed by you or your representative. If you request this accounting more than once in a 12-month period, you will be charged a fee for responding to these additional requests.
- To request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. We will honor your request for restrictions to the extent possible. We are not required to agree to your restriction request, unless required by law or you request a restriction to a health plan if you have paid for the services out of pocket and in full. We will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate any agreed-to-restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination, you also have the right to terminate, in writing or orally, any agreed-to-restriction.
- To be notified of a breach of unsecured PHI in the event you are affected.
- To obtain additional copies of the Notice of Privacy Practices upon request.

By signing I am stating that I have received this Notice of Privacy Practices, read and understood the above statements.

Name: _____

Date: _____

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, or disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations you can file in writing with the New Beginnings Orthotics and Prosthetics, Inc.'s Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.