

AMERICAN ORTHOTIC & PROSTHETIC CENTER
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NOTICE OF PRIVACY AT AMERICAN ORTHOTIC & PROSTHETIC CENTER

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. Protection of your health information is important to everyone here at American Orthotic & Prosthetic Center.

The Health Insurance Portability & Accountability Act of 1996 ("HIPPA") is a federal program that requires that all medical records and other identifiable patient health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. As required by "HIPPA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose this information.

We may use and disclose your medical records only for each of the following purposes:

(Treatment, Payment and Healthcare Options)

- **Treatment** means providing, coordination, or managing health care and related services by one or more health care providers. A physical examination would be an example.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would be sending a claim for your visit to your insurance company for payment.
- **Healthcare Operations** include the business aspects of running our practice, such as performing quality assessments, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and utilize de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders, test results, information about treatment choices or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we will honor and abide that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a **written request** to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communication of protected health information from us by alternative means or at alternative locations.
- The right to inspect and get copies of your health information. We are required to act on a request within thirty (30) days when information is on-site and within sixty (60) days when off-site. We may charge you a reasonable cost-based fee associated with expenses for copies, postage and staff time.
- The right to amend your protected health information. Your request must explain why the information should be amended. Your request may be denied under certain circumstances.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

X _____
Patient Signature

Date