

# NOTICE OF PRIVACY PRACTICES

## For ORTHOTIC & PROSTHETIC SPECIALTIES, INC.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY AND ASK FOR FULL VERSION IF DESIRED.**

We are required by law to:

Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable law;

Give you this Notice of our legal duties and our privacy practices; and

Abide by the terms of the Notice of Privacy Practices that is in effect from time to time

### **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

Your PHI may be used and disclosed by your Orthotist or Prosthetist, our office and technical staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of this facility, or when otherwise required by law.

**For Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI.

**For Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**For Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of this facility. These activities include, but are not limited to, quality assessment activities, employee review activities, legal services, and licensing. We may also use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

**Other uses and disclosures** of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. We will not condition your treatment in any way on whether or not you sign any authorization. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your PHI that directly relates to that person's involvement in your health care. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

### **2. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

**You have the right to inspect and copy your protected health information.** To inspect and copy your medical information, you must submit a written request to the Privacy Contact listed on this Notice. We may deny your request in limited situations specified in the law.

**You have the right to request a restriction of your protected health information.** Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to grant your request. You may request a restriction by submitting a written request to;  
Privacy Officer, Orthotic & Prosthetic Specialties, Inc.

20650 Lakeland Blvd.  
Euclid, OH 44119

You will receive a response within 30 days of our receipt of the request.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests.

**You have the right to ask your Orthotist or Prosthetist to amend your protected health information.** You must make your request for amendment in writing to our Privacy Contact, and provide the reason or reasons that support your request. We may deny any request. 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. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** The right to receive this information is subject to certain exceptions, restrictions, and limitations. You must submit a written request for disclosures in writing to the Privacy Contact.

**You have the right to obtain a paper copy of this notice or the expanded version of this notice from us.** We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. This notice has been edited for brevity and clarity. You may obtain a revised and complete Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, by asking for one at the time of your next appointment, or by accessing our website.

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary.

You may contact our Privacy Contact at (216) 531-2773 or [OS1023@aol.com](mailto:OS1023@aol.com) for further information about the complaint process.

This notice was first published and becomes effective on April 14, 2003.

## **ORTHOTIC & PROSTHETIC SPECIALTIES, INC. Complaint Resolution**

It is the policy of Orthotic & Prosthetic Specialties, Inc. to respond promptly to any complaint received, and to document our response. It is understood, however, that it will take time to collect the information needed for resolution, and that normal business cannot cease during this process. Please call our main office at 216-531-2773 to file a complaint.

We will respond to a telephone call in five business days and resolved the complaint within fourteen days.

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**BOC (our accreditation governing body)  
Phone number is 1-877-776-2200**

**Medicare (CMS) phone number is 1-800-633-4227**

**Ohio Consumer phone number is 1-800-282-0515**

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