

# NOTICE OF PRIVACY PRACTICES

## AMERICAN PROSTHETICS AND ORTHOTICS, INC.

**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**

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### **OUR LEGAL DUTY**

We are required by applicable federal and state laws to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make changes in our privacy practices and new terms of our Notice effective for all health information we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

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### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

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

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing competence and qualifications of healthcare professionals, evaluating practitioner performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it 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 authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you as described in the Patients Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Persons Involved In Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health

information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

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

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials protected health information of inmates.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages or letters).

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## **PATIENT RIGHTS**

**Access:** You have the right to obtain copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain your health information. You may obtain a form to request your health information from the Office Receptionist or by contacting the Privacy Contact listed at the end of this Notice.

**Disclosure Accounting:** You have the right to receive a list of instances in which your health information may have been disclosed for purposes other than treatment, payment, or healthcare operations. Your request can be for activities for the past 6 years, but not for dates prior to April 14, 2003. If you request this accounting more than once in a 12-month period, we will charge a fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to an alternative location. You must make your request in writing and it must specify the alternative means or location.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request.

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## **QUESTIONS AND COMPLAINTS**

You may submit a comment or complaint about our privacy practices by forwarding your concerns to:

Gary A. Cheney, CPO  
1250 NW 142<sup>nd</sup>, Suite 100  
Clive, IA 50325  
(515) 223-1689,  
[garyc@apoinc.com](mailto:garyc@apoinc.com)

You may also submit a written complaint to the U.S. Department of Health and Human Services. The address will be provided to you. We will not retaliate if you file a complaint with the U.S. Department of Health and Human Services or with American Prosthetics and Orthotics, Inc.