



# Notice of Privacy Practices

## We Are Committed to Protecting the Privacy of your Health Information.

This notice describes how medical information about you may be used and disclosed in the course of providing treatment and services to you and how you can get access to this information. Please review it carefully.

**Treatment:** We may use your health information to provide, coordinate or manage your health care treatment and related services. This may include communication with other health care providers regarding your treatment.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. We may also share your medical information with billing and collection agencies, consumer reporting agencies (credit bureaus), insurance companies and health plans to collect payment for services.

**Health Care Operations:** We may use and disclose your health information for health care operations which allow us to improve the quality of care we provide and reduce health care costs.

Health care operations include quality assessment and improvement activities; conducting training programs, accreditation, certification, licensing or credentialing activities; cooperating with outside organizations (government agencies or accrediting bodies) in reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance; assisting various people who review our activities (doctors, accountants, lawyers and others) who assist us in complying with applicable laws.

**On your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization, also in writing, at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

**To Your Family & Friends:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up your prosthesis, molds, written material or other similar forms of health information.

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

**Treatment alternatives:** We may use and disclose your health information to manage and coordinate your health care and inform you of treatment alternatives that may be of interest to you. This may include telling you about treatments, services, products and/or other health care providers. For example, if an implant prosthesis may be an option for you.

**Public Health Risks:** We may disclose your health information to appropriate government authorities for public health activities to prevent or control disease, injury or disability.

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<b>Abuse or neglect:</b> We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health & safety or the health & safety of others.
<b>Law Enforcement:</b> We may release health information if asked to do so by a law enforcement official and such release is required or permitted by law.
<b>Lawsuits and Disputes:</b> If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court order or administrative order. We may also disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.
<b>Workers' Compensation:</b> We may release your health information for workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
<b>Inmates:</b> If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release is required: (1) for the Clinic to provide you with health care; (2) to protect your health and safety & the health and safety of others; and (3) for the safety and security of the correctional institution.

### Your Rights Regarding Your Protected Health Information

These include the right to:

<b>Inspect &amp; obtain a copy of your health information</b>	Submit your request in writing. A fee may be charged for the costs of copying, mailing or other supplies associated with your request
<b>Request that we amend health information in our records</b>	Submit your request in writing with your reason for the amendment. We may deny the request if the information was not created by us.
<b>Receive a written list of certain disclosures we have made of your health information</b>	Except the following: for your treatment; billing & collection of payment for your treatment
<b>Request that we restrict the use and disclosure of your health information</b>	Submit your request in writing
<b>Request how and where we contact you about medical matters</b>	Submit your request in writing. e.g. request that we contact you at your work address & phone #
<b>Receive a paper copy of this notice</b>	
<b>File a complaint if you believe your privacy rights have been violated</b>	You may make a complaint to us using the contact information listed below. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

**Contact information:**

Tammy Mark McClennen, Clinic Director  
 2613 Carver St., Durham, NC 27705  
 Phone: (919) 383-1205 Fax: (919) 383-2838  
[www.prostheticRx.com.com](http://www.prostheticRx.com.com) email: [tammy@prostheticRx.com](mailto:tammy@prostheticRx.com)

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