

Rights That You Have

You have the right to:

Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, you must submit a written request to the Privacy Office. If you request copies, we will charge you \$.25 per page, up to a maximum of \$100.00 per record. We will also charge you for our postage costs, if you request that we mail the copies to you. If you are denied access, you may request that the denial be reviewed.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to pregnancy, abortion, sexually transmitted diseases, substance use or abuse, or contraception and/or family planning services).

To Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

To Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. The accounting will not include uses or disclosures for treatment, payment, or healthcare operations, or uses or disclosures pursuant to an authorization you have already provided. If you request an accounting more than once during a twelve (12) month period, we will charge you \$.25 per page for the accounting statement. We will also charge you for our postage costs, if you request that we mail the copies to you.

To Request Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. If you wish to request restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response. If we agree to the requested restrictions, we will comply with your request unless PHI is needed for emergency treatment.

Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Secretary of the U.S Department of Health and Human Services in Washington D.C. within 180 days of violation of your rights. We will not retaliate against you if you file a complaint with the Secretary or us.

You will be asked to sign a form acknowledging that you received this Notice of Privacy Practices.

If you have question or need further assistance regarding this Notice, you may contact our Privacy Office.

As a patient you retain the right to a paper copy of the Notice of Privacy Practices, even if you have requested such a copy by email or other electronic means.

Revised – Effective May 5, 2010

Notice of Privacy Practices

SPECTRUM

Spectrum Prosthetics & Orthotics, LLC

Effective April 14, 2003

**This Notice Describes How Medical
Information About You May Be Used
And Disclosed And How You Can
Gain Access To This Information.**

PLEASE REVIEW CAREFULLY

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Gain Access To This Information.

PLEASE REVIEW CAREFULLY

This Notice describes Spectrum Prosthetics & Orthotics, LLC's practices and that of:

- All employees, staff and other Spectrum personnel.
- Any member of a volunteer group we allow to help you while you are at our locations.

Our Privacy Obligations

We are required by law to maintain the privacy of your personal health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice so long as it remains in effect.

Changes To This Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our waiting areas and on our Internet site at www.spectrumpoandp.com. You also may obtain any new notice by contacting the Privacy Office.

Spectrum Orthotics & Prosthetics Inc
ATTN: Privacy Officer
1180 Crater Lake Ave
Medford OR 97504

Telephone Number: (541) 734-2435
E-mail: accounting@spectrumpoandp.com

How We May Use And Disclose Medical Information About

We will not use or disclose your PHI for any purpose unless you have previously signed a form authorizing the use or disclosure. You have the right to revoke

that authorization in writing unless we have taken action in reliance on the authorization.

We make uses and disclosures of your PHI as necessary **for your treatment**. We may use and disclose your PHI to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment. For **payment purposes**, we may use and disclose your PHI to obtain payment for services that we provide to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care to verify that they will pay for your health care.

We may also use and disclose your PHI as necessary and as permitted by law, **for our health care operations** which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our practitioners and staff members. We may disclose PHI for our patient satisfaction survey process. We may disclose PHI to our Patient Advocate in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

We may also disclose PHI to another health care facility to which you have been transferred or referred when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

We may disclose medical information **to business associates** who assist us with our health care operations, such as audits, accreditation, legal services, and for **appointment reminder services, health products and services** necessary for treatment or to advise you of a new product or service we offer and to provide general health and wellness information. We may use or disclose your PHI for **research** purposes with your consent or we will ask our Institutional Review Board to approve a waiver of

authorization for disclosure. A waiver of authorization will be based upon assurances from the review board that the researchers will adequately protect your PHI.

We may use or disclose your PHI to a **family member, other relative, a close personal friend** or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer from the circumstances that you do not object to the disclosure.

Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your PHI **without** your consent or authorization.

We may release your PHI:

- for any purpose required by law
- for public health activities, such as required reporting of disease, injury, birth and death, and required public health investigations
- for suspicion of child abuse or neglect or if we believe you to be a victim of abuse, neglect, or domestic violence
- to the Food and Drug Administration if necessary to report adverse events, product defects or product recalls
- to your employer when we have provided health care to you at the request of your employer
- to government oversight agencies conducting audits, investigations, or civil or criminal proceedings if required by law
- if required by a Court or administratively ordered subpoena or discovery request
- to law enforcement officials as required by law to report wounds, injuries and crimes
- to coroners and/or funeral directors consistent with law
- to arrange an organ or tissue donation from you or a transplant for you
- as required by armed forces services, if you are a member of the military and if necessary for national security or intelligence activities
- for Workers' Compensation agencies if necessary for your Workers' Compensation Benefit Determination