

# NOTICE OF PROVIDER PRIVACY PRACTICES

PLEASE NOTE: 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. A MORE DETAILED DESCRIPTION OF THIS NOTICE IS AVAILABLE UPON REQUEST.

Orthotic & Prosthetic Technologies, Inc. (OPT) must maintain the privacy of your personal health information and give you notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

Without your written authorization, we can use your health information for the following purposes:

1) Treatment, 2) payment, 3) health care operations, 4) as required or permitted by law, 5) for public health activities, 6) for health oversight activities, 7) for activities related to death, 8) for research, 9) to avoid a serious threat to health or safety, 10) for military, national security, or incarceration/law enforcement custody, 11) for workers' compensation, 12) to those involved with your care or payment of your care.

Note: Except for the situations listed above, we must obtain your specific authorization for any other release of your health information.

## Your Health Information Rights:

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact, Aaron Foreman, Security Officer.

1) Inspect and copy your health information, 2) request to correct your health information, 3) request restrictions on certain uses and disclosures, 4) as applicable, receive confidential communication of health information, 5) receive a record if disclosures of your health information, 6) obtain a paper copy of this notice and the extended version of this notice, 7) complain (Aaron Foreman, M.S.P.T., C.P.O., Privacy Officer- 512-377-2323)

THIS NOTICE OF MEDICAL INFORMATION PRIVACY IS EFFECTIVE 11/22/2006.

By signing this form, you acknowledge that OPT, Inc. has given you a copy of its Privacy Notice which explains how your health information will be handled in various situations.

I have received OPT's Privacy Notice and have been given the chance to discuss my concerns about the privacy of my health information.

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Patient's Signature

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Date