

Notice of Privacy Practices
TAMPA BAY PROSTETICS
5109 N. Armenia Ave.
Tampa, FL 33603
(813) 801-9110

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.

Introduction:

A law called the Health Insurance Portability & Accountability Act of 1996 (HIPAA) now requires all healthcare providers to explain the ways in which we use and disclose your health information, or PHI, which simply means medical or other information we have that identifies you or could reasonably identify you. This notice explains how we may use your PHI in our office and also how and to whom we may disclose or give out your PHI. We know this notice is long and detailed, but we believe it's important for you to understand exactly what your rights are and how our office operates.

We also want you to know that we appreciate the trust and confidence you have placed in us by becoming our patient and we will do everything we can to comply with the law and make sure that the privacy of your health information is maintained.

If you have any questions about this document or any of the procedures we follow in our office regarding the privacy of your PHI, please don't hesitate to contact our Privacy Official:

Waldo O. Esparza, BSCP
TAMPA BAY PROSTHETICS
5109 N. Armenia Ave.
Tampa, FL 33603
(813) 801-9110

The HIPAA law requires us to

- Protect the privacy of your PHI;
- Give you this notice which explains our legal duties and privacy practices;
- Tell you about your rights under the law;
- Follow the terms of this notice upon its effective date;

The HIPAA law gives us the right to make changes to our Notice of Privacy Practices as we need to, as long as the changes are permitted by law. If we make any changes to our privacy practices, we must change this notice and make the new one available to you upon request. We will also post it in a visible place in our office. Please keep in mind that any change in our practices would be effective for the entire PHI in our practice, including information that was created or received even before the change was made.

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USES and DISCLOSURES OF YOUR MEDICAL INFORMATION

The following categories describe the ways in which we use and disclose medical information. We have provided some examples of each type of disclosure, but please keep in mind that there may be other examples, which are not listed here.

Treatment

We may use or disclose PHI to provide, coordinate or manage your health care and related services. We may consult with other health care providers about your medical care and also refer you to other providers as needed for care. Some examples of this include: measuring you for prosthetic device(s); giving these measurements or other information to technicians so they can manufacture or modify your prosthetic device(s); communicating with your physicians regarding your status and progress with your prosthetic device(s).

Payment

We may use or disclose PHI to obtain payment for services. Some examples of this include: finding out from your health insurance carrier if you are covered for our services; asking your insurance carrier for authorization to provide services to you; billing, claims management and collection activities for services given to you.

We may also disclose PHI to another healthcare provider or to a company or health plan (as permitted by the HIPAA Privacy Rule) for the payment activities of that healthcare provider, company or health plan. An example of this includes letting the representative of health plan review PHI so they can decide if you received the appropriate care.

Health Care Operations

We may use or disclose PHI to carry out our business activities. These are referred to as health care operations, and they include activities to make sure you receive quality care and services, or to make sure that your prosthetic device(s) is made properly.

Some other examples of health care operations include: measuring the quality of our products and services; providing additional training to our employees so they can serve you better; allowing technicians or other trainees to work with our practice and learn from us; becoming accredited by outside organizations who certify that we are doing a good job; the everyday management of our business which may include help from outside entities such as accountants, consultants and other skilled persons; researching and resolving any patient complaint; and even business planning and review to grow or sell our practice.

Communications from our office

We may contact you to remind you of appointments, to notify you that your prosthetic(s) is ready for fitting, or to make any adjustment to your prosthetic(s) is ready for fitting, or to make any adjustment to your prosthetic(s). We also periodically review our records to make follow-up telephone calls or send surveys to obtain your opinions about our services and to make sure you are satisfied with the care that you received from us.

OTHER USES & DISCLOSURES

The law allows us to disclose information to your family member, other relative, or a close personal friend of yours, or any other person directly involved with your care or the payment of your healthcare. If you are present and able to agree – or if you are available just prior to the use or disclosure and you indicate your agreement- we may use or disclose PHI.

If you are not present, or, if you aren't able to agree or disagree with a disclosure because you are incapacitated, or in an emergency, we may use our professional judgment and disclose PHI if it is your best interest. If we do disclose PHI in this situation, we can only disclose what is necessary to take care of you.

We may also use our professional judgment if it is in your best interests to allow a person, who we know to be acting on your behalf, to pick up medical supplies, x-rays, or other similar forms of PHI.

We may also use or disclose PHI 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, general condition, or death.

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Finally, we may use or disclose PHI to a public or private entity authorized by law to assist in disaster relief efforts.

OTHER USES & DISCLOSURES WE CAN MAKE WITHOUT YOUR AUTHORIZATION

Required by law: We may use or disclose PHI if it is required by federal, state or local law.

Public Health Activities: We may use or disclose PHI to public health authorities for the purpose of: preventing or controlling disease, injury, or disability; reporting disease, injury, vital events such as birth or death; conducting public health surveillance, public health investigations, and public health inventions; or, at the direction of a public health authority; to report child abuse or neglect; the quality, safety or effectiveness of such FDA-regulated product or activity; to collect or report problems or defects with food or dietary supplements, product defects or problems with the use or labeling of products; enabling product recalls, repairs, or replacements and notifying individuals with those products; notifying a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease; evaluating whether you have a work related illness or injury or for workplace medical surveillance.

Abuse, Neglect or Domestic Violence: we may use or disclose PHI to a government authority if we believe someone is a victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may use or disclose PHI to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions.

Lawsuits, court orders and judicial proceedings: We may use or disclose PHI when required by a court or administrative tribunal order or in response to a subpoena, discovery request, or other lawful process if we are assured that reasonable efforts have been made to advise you or to obtain an order protecting the PHI.

Law enforcement purposes: We may disclose PHI to law enforcement officials: after receiving a process and as otherwise required by law; when required to report certain types of wounds or other physical injuries; in response to a court order or court-ordered warrant, subpoena, grand jury subpoena or summons issued by a judicial officer; for someone who may be a victim of crime; if we believe that someone's death may have resulted from criminal conduct; if we have good reason to believe that a crime occurred in our office; in response to a medical emergency that did not occur in our office; if necessary to report a crime, including the nature of a crime, the location of victims of such crime and the identity, description, and location of the person who committed the crime.

Organ, eye or tissue donation purposes: We may disclose PHI to organ procurement organizations or to other organizations that procure, bank, or transplant organs, eyes, or tissue.

Coroners, Medical Examiners and Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. We may also disclose PHI to funeral directors, as authorized by law, so they can perform their jobs.

Research: We may use or disclose PHI about you for research purposes if we first obtain your written authorization. The only exception to this is for research with established criteria established by the HIPAA Privacy Rule.

Serious threat to health or safety: We may use or disclose PHI about you in certain circumstances to prevent serious threat to the health or safety of a person or the public. This disclosure can only be made to a person who can help prevent the threat.

Disclosures required by the HIPAA Privacy Rule: Upon request, we are obligated to disclose PHI to the Secretary of the Department of Health and Human Services to review our compliance with the law.

Other uses: Any other uses or disclosures not mentioned in this document require your specific authorization.

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YOUR RIGHTS

The HIPAA law gives you the right to:

Look at or receive copies of the PHI maintained in some of our records. You also have the right to receive a copy of the PHI in these records. These records include medical, billing and other records we use to make decisions about you. If you request a copy of PHI, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

Request that we change your PHI that is in our records. You will need to make your request in writing and use a change form we've designed for this purpose; just ask to speak with the Privacy Official mentioned on the first page of this notice. We have the right to deny your request in certain cases, but we need to inform you of our denial in writing.

Request to receive communications about your PHI at alternate locations or in a certain manner. You will need to make your request in writing and can use a form we've designed for this purpose; just ask to speak with the Privacy Official mentioned on the first page of this notice. We will accommodate your request as long as it is reasonable to do so.

Request restrictions on the use or disclosure of your PHI. We are not obligated to agree to the restrictions, but if we do agree, we are required to comply with our agreement, except in the case of an emergency. You will need to make your request in writing and can use a form we've designed for this purpose: just ask to speak with the Privacy Official mentioned on the first page of this notice.

Provide authorization. You have the right to specifically authorize any disclosures that are not to carry out treatment, payment and health care operations; to yourself personally; other wise permitted or required by law; for national security or intelligence purposes; to correctional institutions or law enforcement officials; as part of a limited data set; that occurred prior to April 14, 2003.

Request an accounting of disclosures: This is a list of all the times we or our business associates share PHI for reasons other than: to carry out treatment, payment and health care operations; to yourself personally; otherwise permitted or required by law; for national security or intelligence purposes; to correctional institutions or law enforcement officials; as part of a limited data set; that occurred prior to April 14, 2003. The first list you request in a 12-month period will be provided for free, but we may charge you a reasonable fee for collecting this information if you request other lists within the same 12-month period. We will inform you of the exact costs before we provide the lists o you may cancel your request if you prefer not to pay the fees.

You have a right to receive a paper copy of this form at any time, even if this notice was provided to you electronically. To obtain a copy of this form, simply ask our office staff or the Privacy Official mentioned on the first page of this notice.

If you ever believe your rights have been violated, you may file a complaint by calling or writing to the Privacy Official mentioned on the first page of this notice. You may also file your complaint directly with the Secretary of the Department of Health and Human Services.

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