**310 Airport Rd.**

**Kinston, NC 28504-8208**

**252-522-3278**

**NOTICE OF PRIVACY PRACTICES 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.**

This Notice of Privacy practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by EastPoint Prosthetics & Orthotics and that relates to your past, present or future physical or mental health or condition.

Under the law, EastPoint Prosthetics & Orthotics must have your signature on a written, dated Consent Form and/or an Authorization Form of Acknowledgement of this Notice, before we will use or disclose your Protected Health Information (PHI) for certain purposes as detailed in the rules below.

**I. Uses and Disclosures of Protected Health Information**

EastPoint Prosthetics & Orthotics may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless EastPoint Prosthetics & Orthotics has obtained your authorization or the use or disclosure is otherwise permitted by HIPAA Privacy Regulations or State law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

**A. Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting

with your physician with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

**B. Payment.** Your protected health information will be used, as needed, to obtain payment for the services that we provided. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if a hospital admission is recommended, we may need to disclose information to your health insurer to get prior approval for the hospitalization.

We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities.

**C. Operations.** We may use or disclose your protected health information, as necessary for our own health care operations in order to facilitate the function of EastPoint Prosthetics & Orthotics and to provide quality care to all patients. Health care operations include such activities as:

* Quality assessment and improvement activities.
* Employee review activities.
* Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
* Accreditation, certification, licensing or credentialing activities.
* Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
* Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

**D. Other Uses and Disclosures.** As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

* To remind you of an appointment.
* To inform you of potential treatment alternatives or options.
* To inform you of health-related benefits or services that may be of interest to you.
* To contact you to raise funds for EastPoint Prosthetics & Orthotics or an institutional foundation related to EastPoint Prosthetics & Orthotics. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.
* The “defense of medical professional liability claims asserted by patients”

**II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

**A. When Legally Required.** We will disclose your protected health information when we are required to do so by any Federal, State or local law.

**B. When There Are Risks to Public Health**. We may disclose your protected health information for the following public activities and purposes:

To prevent, control, or report disease, injury or disability as permitted by law.

To report vital events such as birth or death as permitted or required by law.

To conduct public health surveillance, investigations and interventions as permitted or required by law.

To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.

To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

**C. To Report Abuse, Neglect Or Domestic Violence.** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**D. To Conduct Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**E. In Connection With Judicial And Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena in some circumstances.

**F. For Law Enforcement Purposes.** We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

* As required by law for reporting of certain types of wounds or other physical injuries.
* Pursuant to court order, court ordered warrant, subpoena, summons or similar process.
* For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
* Under certain limited circumstances, when you are the victim of a crime.
* To a law enforcement official if EastPoint Prosthetics & Orthotics has a suspicion that your death was the result of criminal conduct.
* In an emergency in order to report a crime.

**G. To Coroners, Funeral Directors, and for Organ Donation.** We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for Cadaveric organ, eye or tissue donation purposes.

**H. For Research Purposes.** We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

**I. In the Event of a Serious Threat to Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**J. For Specified Government Functions.** In certain circumstances, the Federal regulations authorize EastPoint Prosthetics & Orthotics to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protected services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**K. For Worker’s Compensation.** EastPoint Prosthetics & Orthotics may release your health information to comply with worker’s compensation laws or similar programs.

**III. Uses and Disclosures Permitted Without Authorization but With Opportunity to Object**

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person’s involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person’s involvement with your care, we may disclose your protected health information as described.

**IV. Uses and Disclosures Which You Authorize**

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

**V. Your Rights**

You have the following rights regarding your health information:

**A. The right to inspect and copy your protected health information.** You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and EastPoint Prosthetics & Orthotics uses for making decisions about you. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last pages of this Notice.

If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

**B. The right to request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. EastPoint Prosthetics & Orthotics is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If EastPoint Prosthetics & Orthotics does agree to the requested restriction, we may not use or disclose your protected health information. In violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

**C. The right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

**D. The right to have your physician amend your protected health information.** You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

**E. The right to receive an accounting.** You have the right to request an accounting of certain disclosures of your protected health information made by EastPoint Prosthetics & Orthotics. This applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to August 2, 2004. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

**VI. Our Duties**

EastPoint Prosthetics & Orthotics is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If EastPoint Prosthetics & Orthotics changes its Notice, We will provide a copy of the revised Notice by sending a copy of the Revised Notice via regular mail or through

in-person contact.

1. **Authorization Rule**

We will not use or disclose your PHI for any purpose or to any person other than as stated in the rules above without your signature on our specifically worded, written Authorization / Acknowledgement Form (not a Consent or an Acknowledgement). If we need your Authorization, we must obtain it via a specific Authorization Form, which may be separate from any Authorization / Acknowledgement we may have obtained from you. We will not condition your treatment here on whether you sign the Authorization (or not).

1. **Incidental Disclosure Rule**

We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it (i.e. we shred all paper containing PHI, require employees to speak with privacy precautions when discussing PHI with you, we use computer passwords and change them periodically (i.e. when an employee leaves us), we use firewall and router protection to the federal standard, we back up our PHI data off-site and encrypted to federal standard, we do not allow unauthorized access to areas where PHI is stored or filed and/or we have any unsupervised business associates sign Business Associate Confidentiality Agreements).

1. **Business Associate Rule**

Business Associates are defined as: an entity, (non-employee) that in the course of their work will directly / indirectly use, transmit, view, transport, hear, interpret process or offer PHI for this Facility.

Business Associates and other third parties (if any) that receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Nothing in our Business Associate agreement will allow our Business Associate to violate this re-disclosure prohibition. Under Omnibus Rule, Business Associates will sign a strict confidentiality agreement binding them to keep your PHI protected and report any compromise of such information to us, you and the United States Department of Health and Human Services, as well as other required entities. Our Business Associates will also follow Omnibus Rule and have any of their Subcontractors that may directly or indirectly have contact with your PHI, sign Confidentiality Agreements to Federal Omnibus Standard.

1. **Super-confidential Information Rule**

If we have PHI about you regarding communicable disease, disease testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records (super-confidential information under the law), we will not disclose it under the General or Healthcare Treatment, Payment and Operations Rules (see above) without your first signing and properly completing our Consent form (i.e. you specifically must initial the type of super-confidential information we are allowed to disclose). If you do not specifically authorize disclosure by initialing the super-confidential information, we will not disclose it unless authorized under the Special Rules (see above) (i.e. we are required by law to disclose it). If we disclose the super-confidential information (either because you have initialed the consent form or the Special Rules authorizing us to do so), we will comply with state and federal law that requires us to warn the recipient in writing that re-disclosure is prohibited.

**VII. Complaints**

You have the right to express complaints to EastPoint Prosthetics & Orthotics and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to EastPoint Prosthetics & Orthotics by contacting the provider’s Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**VIII. Contact Person**

EastPoint Prosthetics & Orthotic’s contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against EastPoint Prosthetics & Orthotics can be mailed to the Privacy Officer by sending it to:

EastPoint Prosthetics & Orthotics, Inc.

310 Airport Road

Kinston, NC 28504

ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at (252) 522-3278.

**IX. Limitations on the disclosure of PHI regarding Remuneration**

The disclosure or sale of your PHI without authorization is prohibited. Under the new HIPAA Omnibus Rule, this would exclude disclosures for public health purposes, for

treatment / payment for healthcare, for the sale, transfer, merger, or consolidation of all or part of this facility and for related due diligence, to any of our Business Associates, in connection with the business associate’s performance of activities for this facility, to a patient or beneficiary upon request, and as required by law. In addition, the disclosure of you PHI for research purposes or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is “a reasonable, cost-based fee” to cover the cost to prepare and transmit your PHI which would be expressly permitted by law. Notably, under the Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity. Notwithstanding the changes in the Omnibus Rule, the disclosure of limited data sets (a form of PHI with a number of identifiers removed in accordance with specific HIPAA requirements) for remuneration pursuant to existing agreements is permissible until September 22, 2014, so long as the agreement is not modified within one year before that date.

**X Effective Date**

These privacy practices are in accordance with the original HIPAA enforcement effective

April 14, 2003, and undated to Omnibus Rule effective March 26, 2013 and will remain in effect until we replace them as specified by Federal and/or State Law.

**XI. NORTH CAROLINA STATE LAW AND OTHER FEDERAL LAW ISSUES**

Some North Carolina laws provide you with more protection than federal laws protecting the privacy of medical information about you, and where applicable, we will follow the requirements of those state laws. The following North Carolina laws may apply to our treatment of you:

* Communications between a physician and patient necessary for the physician to treat the patient are protected.
* This protection may extend to entries in your hospital records concerning not only physician/patient communications, but communications which relate to your medical care between certain medical providers who are Hospital employees. Subject to certain exceptions, including an Order from a Judge, these communications, even when contained in medical records, cannot be disclosed unless the patient, or if deceased, the patient’s personal representative or next of kin allows disclosure. In order for us to utilize PHI for treatment, payment and healthcare operations, we will ask that you sign a consent form (which is different than an authorization that is mentioned in other parts of the Notice).
* Certain information, records, or other documents produced by a medical review committee of the state or professional society or peer review corporation which committee performs quality, cost and necessity for hospitalization or healthcare including privileging is confidential and may not be disclosed without an authorization or consent of the patient.
* Special Provisions for Minors under North Carolina Law: Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State: pregnancy: abuse of controlled substances or alcohol; and emotional disturbance. Regarding abortion services however North Carolina law requires the consent of both the minor and the parent, guardian or a grandparent with whom the minor has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to those services. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.
* Communications regarding mental health treatment between you and your mental health provider are protected. Before disclosing mental health information about you to others for treatment, payment, or health care operations, we will request that you sign a written for giving us permission to make the disclosure.
* If you have one of several specific communicable diseases (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential, and will be disclosed without your written permission only in limited circumstances. For example, we will obtain your permission to disclose this information for payment purposes. However, we may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or release information in order to protect against the spread of the disease.
* A patient in a cardiac rehabilitation program must be notified and given the right to object to disclosure of PHI for oversight purposes to the Department of Health and Human Services. Some federal laws provide you with additional privacy protections, and where applicable, we will follow the requirement of those laws. The following federal laws may apply to our treatment of you:
* If you apply for or receive substance abuse services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient of substance abuse services.

There are some exceptions to this requirement. We can disclose this information within our program to members of our workforce as needed to coordinate your care and to agencies or individuals that help us carry out our responsibilities in serving you. We may disclose information to medical personnel in a medical emergency. If we suspect that a child is abused or neglected, state law requires us to report the abuse or neglect to the Department of Social Services, and we may disclose substance abuse treatment information when making the report. We will disclose information about you if a court orders us to do so. If you commit a crime, or threaten to commit a crime, we may report information about the crime or threat to law enforcement officers.

09/09/13

NOTICE OF PRIVACY PRACTICES

I have received from EastPoint Prosthetics & Orthotics office a copy of the Notice of Privacy Practices.

Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_