

Bluegrass Bracing

Notice on Privacy of Health Information (HIPAA SHEET)

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.

Bluegrass Bracing, Inc. is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), a federal law, to protect the privacy of your individual health information maintained in your patient record ("PHI"). In addition, you have certain rights relating to such PHI.

Use and disclosure of Protected Health Information for Treatment, Payment and Health Care Operations

Bluegrass Bracing, Inc. is permitted to use and disclose your PHI, without your authorization, for treatment, payment, and health care operations purposes.

For treatment purposes, such use and disclosure may take place when a service is ordered for you, in order for Bluegrass Bracing, Inc. to provide you with the proper services as ordered by your physician.

For payment purposes, such use and disclosure may take place when a claim is filed to your insurance company, at which time that Plan may request further documentation regarding your diagnosis for which the service was ordered.

For health care operations, such use and disclosure may take place when a custom-fabricated brace is ordered for you and certain PHI must be sent to the company fabricating the brace to provide proper fabrication of that brace.

Use and Disclosure of Protected Health Information for Involvement in Your Care and for Notification Purposes

Bluegrass Bracing, Inc. may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, your PHI that is directly relevant to that person's involvement with your health care or payment related to your health care.

If you are incapacitated, there is an emergency, or if you otherwise do not have the opportunity to agree to or object to this use or disclosure, Bluegrass Bracing, Inc. will determine what is in your best interest and will use or disclose only the information that is directly relevant to the person's or agency's involvement with your health care.

Use and Disclosure of PHI for Other Reasons

Bluegrass Bracing, Inc. may be permitted or required to use or disclose PHI for certain other reasons, without your authorization, such as when required by law or public health purposes. These reasons are specified in the HIPAA regulations, and include the following:

- Disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence,
- To a health oversight agency for oversight activities authorized by law,
- In connection with judicial and administrative proceedings,
- To a law enforcement official for law enforcement purpose,
- To a coroner, medical examiner, or funeral director,
- To cadaveric organ, eye or tissue donation programs,
- For research purposes, as long as certain privacy-related standards are satisfied,
- To avert a serious threat to health or safety,
- For specialized government function (e.g. military and veterans activities, national security and intelligence, federal protective service, medical suitability determinations, correctional institutions and other law enforcement custodial situation), and

- For workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

In addition, your PHI can be used to provide you with information about treatment alternatives or other health-related benefits and services available to you.

Authorization to Use or Disclose Protected Health Information

Other uses and disclosures of your PHI will be made only with your written authorization. Authorizations are voluntary, require the filing of an authorization form and may be revoked by you in writing at any time to stop any future uses and disclosures.

Individual Rights Relating to PHI

You have the right to request the following with respect to your PHI: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of disclosures of this information by Bluegrass Bracing, Inc., excluding disclosures made for payment, treatment or health care operations, or disclosures made pursuant to your written authorization. All requests must be made in writing and a response will be made to you within 14 business days of Bluegrass Bracing, Inc.'s receipt of that request.

You may request that Bluegrass Bracing, Inc. restrict uses and disclosures of your PHI to family members, relatives, or other persons who may be involved in your health care or payment for your health care. Bluegrass Bracing, Inc. will consider your request but is not required to agree to your request for restriction. Any restriction agreed to by Bluegrass Bracing, Inc. will not apply if the use or disclosure is necessary to provide you with emergency treatment. Bluegrass Bracing, Inc. will not agree to restrictions on disclosure relating to treatment, payment and health care operations. All requests for restriction must be made in writing, and a response will be made to you within 14 business days of Bluegrass Bracing, Inc.'s receipt of that request.

You have the right to request in writing that you receive your PHI by alternative means or at an alternative location and Bluegrass Bracing, Inc. will accommodate reasonable requests if the normal method of communication could endanger you.

You have the right to obtain a paper copy of this notice at any time, upon request.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint by calling Bluegrass Bracing, Inc. at 1-866-266-5500 to speak with the HIPAA Compliance Officer or you may contact the Office for Civil Rights at 404-562-7886 for proper complaint filing instructions. (TDD 404-331-2867).

Effective 4/14/2003