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Orthopedic Laboratory, Inc.

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 CAREFULLY.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- A.** Uses and Disclosures of Protected Health Information (further referred to as PHI) for Treatment, Payment and Health Operations.

Your PHI may be used and disclosed by your orthoptist or prosthetist, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay for health care bills and to support the operation of Sierra Orthopedic Laboratory.

Following are examples of the types of uses and disclosures of your PHI that Sierra Orthopedic Laboratory is permitted to make. We have provided some examples of the types of each use or disclosure we may make, but not every use or disclosure in any of the following categories will be listed.

For Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to the physician that referred you to us. We will also disclose PHI to other health care providers who may be treating you when we have the necessary permission from you to disclose your PHI.

For Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, review activities. We may also tell your health plan about an orthotic or prosthetic device you are going to receive to obtain prior approval or to determine whether your plan will cover the device.

For Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of Sierra Orthopedic Laboratory. These activities include, but are not limited to, quality assessment activities, employee review activities, legal services, licensing, and conducting or arranging for other business activities. We may share your PHI with third party business associates that perform various activities (e.g., billing transaction services) for Sierra Orthopedic laboratory. Whenever an arrangement between Sierra Orthopedic laboratory and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

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Treatment Alternatives: We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Appointment Reminders: We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Sign-in Sheet: We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your orthotist or prosthetist is ready to see you.

Sale of Practice: If we decide to sell this practice or merge or combine with another practice, we may share your PHI with the new owners.

B. Uses and Disclosures of PHI Based Upon Your Written Authorization: Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing. You understand that we cannot take back any use or disclosure we may have made under the authorization before we received your written revocation, and that we are required to maintain a record of the medical care that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before signing it. We will not condition your treatment in any way on whether or not you sign any authorization.

C. Other Permitted and Required Uses and Disclosures That May Be Made Either with Your Agreement or the Opportunity to Object. We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your health information. If you are not present or able to agree or object to the use or disclosure of the PHI, then your orthotist or prosthetist may, using their professional judgement, determine whether the disclosure is in the best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your PHI that directly relates to that persons' involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest on our professional judgement. We may use or disclose your PHI to notify family member, personal representative or any other person that is responsible for your care of your location or general condition.



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Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by the law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. A disclosure under this exception would only be made to somebody in a position to help prevent a threat to public health.

Communicable Disease: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government benefit programs, other government regulatory programs and civil rights laws.

Abuse and Neglect: We may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We will only make this disclosure if you agree or when required or authorized by law. In this case, the disclosure will be made consistent with the requirements of applicable federal law and state laws.

Military and Veterans: If you are a member of the military, we may release PHI about you as required by the military command authorities.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, and biological product deviations: and in order to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose your PHI, so long as applicable legal requirement is met, for law enforcement purposes. These law enforcements might include **1)** legal processes and as otherwise required by law, **2)** limited

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information request for identification and location purposes, **3)** information request pertaining to victims of a crime, **4)** information request pertaining to suspicion that death has occurred as a result of criminal conduct, **5)** a criminal investigation in the event that a crime occurs on the premises of the practice, and **6)** a medical emergency (not on Sierra Orthopedic Laboratory premises) where it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to insure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use and disclosure is necessary to prevent or lessen a serious imminent threat to health or safety of a person or public. We may also disclose PHI if it is necessary for law enforcement authorities to apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI information to individuals who are Armed Forces Personnel **1)** For activities deemed necessary by appropriate military command authorities **2)** for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or **3)** to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

Workers Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related illnesses and injuries.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your orthotist or prosthetist created or received your PHI in case the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliances with the requirements of the final rule on Standards of Privacy of Individually Identifiable Health Information.

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2. **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of your PHI contained in your medical and billing records and any other records that your orthotist or prosthetist uses for making decisions about you. For as long as we maintain the PHI.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer listed on the first and last page of this notice. If you request a copy of your information, we may charge you a fee for the e costs of copying, mailing or other costs incurred by us in complying with your request. Sierra Orthopedic Lab will respond to your request within 5 days of receipt by the office manager.

We may deny your request in limited alterations specified in the law. For example, you may not inspect or copy psychotherapy notes, or information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and certain other specified PHI defined by law. In some circumstances, you may have the right to have this decision reviewed. The person conducting the review will not be the person who initially denied your request. We will comply with the decision in any review. Please contact the office manager if you have any questions about access to your medial record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your orthotist or prosthetist is not required to agree to a restriction that you may request. If the orthotist or prosthetist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your orthotist or prosthetist does agree to the requested restriction, we may not use or disclose your PHI in violation of the restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request to our Privacy Officer.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation my 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 request an explanation from you as to the basis for the request. Sierra Orthopedic Laboratory will respond within 14 days.

You have the right to request to have Sierra Orthopedic Laboratory amend your PHI. This means you may request an amendment of your PHI contained in your medical and billing records and any other records that your orthotist or prosthetist uses for making decisions about you, for as long as we maintain the PHI. You must make your request for amendment in



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writing to Sierra Orthopedic Laboratory, and provide the reason or reasons that support your request. SOL, has 60 days from the date your request is received by our Privacy Officer to respond to your request, and can elect to take an additional 30 days if necessary. If an additional 30 days is taken to respond, you will receive a written statement on the reason for the delay and the date by SOL will complete action on the request. We may deny any request that is not in writing or does not state a reason supporting the request. We may deny your request for an amendment of any information that:

- Was not created by us, unless the person that created the information is no longer available to amend the information; or-
- Is not part of the PHI kept by or for us; or-
- Is not part of the information you would be permitted to inspect or copy; or-
- Is accurate and complete

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have any questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right only applies to disclosures for purposes other than treatment, payment or healthcare operations as described in the notice of Privacy Practices. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit a written request for disclosure in writing to the Privacy Officer. You must specify a time period which may not be longer than six years and cannot include any date before April 14, 2003. You may request a shorter timeframe. Your request should indicate the form in which you want the list (i.e., on paper, etc.). You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about the charges you will be required to pay, and you are free to withdraw or modify your request in writing before any accounting of disclosures within 14 days.

- 3. COMPLAINTS:** You may complain to us if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our office manager, Adriana Barragan. We will not be retaliating against you in any way for filing a complaint, either with us or with the secretary. You may contact Adriana Barragan at (707) 528-9808 for further information about the complaint process.
- 4. CHANGES TO THIS NOTICE:** We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to the PHI received before the changes in privacy practices. You may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of your next appointment. This notice was published and becomes active on April 14, 2003.

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