

**NOTICE OF CASCADE PROSTHETICS & ORTHOTICS
PRIVACY PRACTICES (LARGE PRINT)**

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.

Pursuant to federal law, we may use or disclose your protected health information (PHI) for purposes of:

- Treatment
- Payment
- Healthcare operations
- Certain non-routine purposes (identified in the attached pages)

These are some of your rights with respect to your PHI:

- You may request a restriction on the use and disclosure of your PHI.
- You may request that we communicate your PHI in a confidential and reasonable form of your choosing.
- You may inspect and copy your PHI, which is kept in a designated record set (for example, your medical and billing records).
- You may amend your PHI if you feel it is incorrect.
- You may obtain a list of to whom your PHI has been disclosed (an “accounting of disclosures”).

If you have any questions about this Notice, please call our Privacy Officer at 1-800-848-7332.

The attached pages provide more detailed information regarding your rights and when we may use or disclosure your PHI.

I hereby acknowledge that I have received a copy of this Notice of Cascade Prosthetics and Orthotics Privacy Practices.

Signature of Patient or Authorized Representative

Date

Relationship of Authorized Representative (*e.g.*, parent, court appointed guardian, etc.)
(Leave blank if this form is signed by the patient)

[Office Staff – Please copy this form and provide a copy to the patient.]

NOTICE OF CASCADE PROSTHETICS & ORTHOTICS PRIVACY PRACTICES

I. Our Commitment to Protecting Health Care Information About You

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “protected health information” or “PHI.” This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

II. How We May Use and Disclose Protected Health Information About You

A. Uses and disclosures for treatment, payment and health care operations

The following categories describe the different ways we may use and disclose PHI for treatment, payment or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI to your treating physician in order to ensure that you are fitted with the appropriate orthosis or prosthesis.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide.

Health care operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that

allow us to improve the quality of care we provide and to reduce health care costs. For example, we may use and disclose PHI about you in reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you and our other patients.

Communication from our Office: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

B. Other uses and disclosures we can make without your written authorization for which you have the opportunity to agree or object

Individuals involved in your care or payment for your care: We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, we may make these types of uses and disclosures of PHI. We may disclose PHI about you to your family member, close friend or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care and if you do not object. We may also use and disclose PHI to notify such persons of your location or general condition. We also may coordinate with disaster relief agencies to make this type of notification.

C. Other uses and disclosures we can make without your written authorization or opportunity to agree or object

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply. We recognize the unlikelihood of our practice encountering some of these circumstances, but we are required by law to disclose to you these possible use and disclosures of your PHI.

Required by law: We may use and disclose PHI as required by federal, state or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

Public health activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, such as to report disease, injury, birth or death, or to report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to qualify, safety or effectiveness of FDA-regulated products or activities.

Abuse, neglect or domestic violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.

Health oversight activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs and compliance with certain laws.

Lawsuits and other legal proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law enforcement: Under certain conditions, we may disclose PHI to law enforcement officials.

Coroners, medical examiners, funeral directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and tissue donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To avert a serious threat to health or safety: We may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Specialized government functions: Under certain conditions, we may disclose PHI for certain military and veteran activities, including: determination of eligibility for veterans benefits and where deemed necessary by military command authorities, for national security and intelligence activities, to help provide protective services for the President of the United States and others and for the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

Workers' compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Disclosures required by HIPAA privacy rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (these requests are described in Section III of this Notice).

Incidental disclosures: We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

Limited data set disclosures: We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health or health care operations. This information may only be disclosed for research, public health and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

D. Other uses and disclosures of protected health information require your authorization

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. Your Rights Regarding Protected Health Information About You

Under federal law, you have the following rights regarding PHI about you:

Right to request restrictions: You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include (1) the information that you want to restrict, (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both) and (3) to whom you want those restrictions to apply.

Right to receive confidential communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For

example, you may request that we contact you at home rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only *reasonable* requests.

Right to inspect and copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain, including your medical and billing records. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please ask our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

Right to amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to receive an accounting of disclosures: You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, *other than* disclosures made: for treatment, payment and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and before April 14, 2003. If you wish to make such a request, please tell our Privacy Officer identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a paper copy of this notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer listed in this Notice.

IV. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please tell our Privacy Officer at the address and number listed below. **We will not retaliate or take action against you for filing a complaint.**



1360 Sunset Ave
Ferndale, WA 98248
ph: 800.848.7332
fax: 855.852.8341

17670 Dunbar Rd
Mt. Vernon, WA 98273
ph: 800.428.4003
fax: 360.428.7072

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Officer at the address and telephone number listed below.

VI. PRIVACY OFFICER CONTACT INFORMATION

You may contact our Privacy Officer at the following address and phone number:

Privacy Officer
Cascade Prosthetics and Orthotics
1360 Sunset Avenue
Ferndale, Washington 98248
1-800-848-7332

This notice was published and first became effective on April 14, 2003. This revision became effective on December 26, 2007.