

**NOTICE OF PRIVACY PRACTICES  
EAST COAST ORTHOTIC & PROSTHETIC CORP.**

**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.**

If you have any questions about this Notice please contact our Privacy Officer.

**OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION**

This Notice of Privacy Practices describes how East Coast Orthotic & Prosthetic Corp. (“ECOP”) may use and disclose your protected health information. It also describes your rights to access and control your protected health information. Your "protected health information" means any information in any format that can be used to identify you and that relates to your past, present or future physical or mental health condition.

We are required by law to:

- make sure that your protected health information is kept private;
- provide you with this notice of our legal duties and privacy practices with respect to your protected health information;
- follow the terms of this notice that are currently in effect; and
- notify you if we discover a breach of any of your health information that is not secured in accordance with federal guidelines.

**1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**A. Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations**

The following categories describe different ways that ECOP is permitted to use and disclose health information. 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.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related treatment. For example, we would disclose your protected health information, as necessary, to the physician that referred you to us.

Payment: Your protected health information 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 your health care services such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of ECOP. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

We may share your protected health information with third party “business associates” that perform various activities (e.g., billing, collection, transcription services) for ECOP.

## **B. Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to object.

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state or local law.

**Public Health and Safety:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. We may also disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. A disclosure under this exception would only be made to somebody in a position to help prevent the threat to public health.

**Communicable Diseases:** We may disclose your protected health information, 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 protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information 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 and state laws.

**Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration, as required, to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance.

**Legal 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 (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 protected health information, provided that applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes might include disclosures (1) pursuant legal processes and otherwise required by law; (2) for limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) to report suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on our premises; and (6) in emergency circumstances when it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your protected health information 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 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.

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

**National Security:** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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

### **C. Permitted and Required Uses and Disclosures That May Be Made With Your Agreement or the Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your orthotist/prosthetist may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information 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 protected health information that directly relates to that person's involvement in your health care or payment for your health care. We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

## **D. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

### **WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR ANY OTHER PURPOSE, INCLUDING THE FOLLOWING PURPOSES, WITHOUT YOUR AUTHORIZATION:**

To the extent that we have such information in our medical records, we must obtain an authorization from you to use or disclose: (1) most psychotherapy notes, unless the request is based on a court order, certain patient and public safety exceptions or release is to certain public officials; (2) alcohol and substance abuse records; (3) genetic testing unless for routine or medically prescribed testing associated with a genetic variation, unless conducted purposely to identify such genetic variation, anonymous testing for research or statistical purposes or pursuant to a court order; (4) HIV/AIDS related information unless there is court authorization to release the information, disclosure is to certain health care providers, disclosure is to certain criminal justice officials or disclosure is to contacts of the individual or public health officers.

We must obtain an authorization for any use or disclosure of your health information for any marketing communications to you about a product or service that encourages you to use or purchase the product or service unless the communication is either (a) a face-to-face communication or; (b) a promotional gift of nominal value. However, the following activities are not considered "marketing", provided that we are not paid by a third party for making the communication: (1) communications regarding your course of treatment, case management or care coordination; (2) communications describing a health-related product or service that we provide; (3) communications regarding treatment alternatives.

We must obtain an authorization for any disclosure of your health information which constitutes a sale of health information pursuant to federal regulations.

You may revoke an authorization, at any time, in writing. However, we cannot reverse any use or disclosure we may have made under the authorization before we received your written revocation. We will not condition your treatment in any way on whether or not you sign any authorization.

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

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

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

To obtain a copy of your medical information, you must submit a written request to the Privacy Contact listed on the last page of this Notice. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another health care professional chosen by ECOP will review your request and the denial. The person

conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**You may have the right to have your orthotist/prosthetist amend your protected health information.** This means you may request an amendment of your protected health information contained in your medical and billing records and any other records that your orthotist/prosthetist uses for making decisions about you, for as long as we maintain the protected health information. You must make your request for amendment in writing to our Privacy Contact, and provide the reason or reasons that support your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request or for other reasons.

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You will have the right to file a written statement of disagreement with us.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** You have the right to request a list accounting of any disclosures of your health information we have made, except for disclosures made for the purpose of treatment, payment, health care operations and certain other purposes if such disclosures were made through a paper record or other health record that is not electronic, as set forth in federal regulations. You must submit a written request for disclosures in writing to the Privacy Contact. You must specify a time period, which may not be longer than six years. 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 charges are incurred.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You may request a restriction by submitting a request in writing. Your request must state the specific restriction requested and to whom you want the restriction to apply. Under certain circumstances, we are not required to agree to your request.

**We are not required to agree to your request for restrictions, except if you pay for a service entirely out-of-pocket.** If you pay for a service entirely out-of-pocket, you may request that information regarding the service be withheld and not provided to a third party payor for purposes of payment or health care operations. We are obligated by law to abide by such restriction.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also 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 request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**You have the right to obtain a paper copy of this notice from us**, upon request to our Privacy Contact, or in person at our office, at any time. You may obtain a copy of this notice at our website, <http://www.ec-op.com/>.

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary.

You may contact our Privacy Officer at (631) 392-2229 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 Protected Health Information received before the change in privacy practices. You may obtain a revised Notice of Privacy Practices by calling ECOP and requesting a revised copy be sent in the mail, asking for one at the time of an appointment, or by accessing our website.

This notice became effective on October 20, 2014.