

NOTICE OF PRIVACY PRACTICES

Solutions OrthoCare Group

As required by the privacy regulations and a result of

The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health & medical information about you- Private Health Information (PHI)- may be used and disclosed as well as how you can get access to your PHI, that is individually identifiable health information. Please review this notice carefully.

Notice Effective Date: May 1, 2020

If you have any questions about this Notice or you believe your rights have been violated, please contact The Office of Civil Rights or contact: our Privacy and Security Officer:

Zoe V. Owen

Solutions OrthoCare Group

7001 St. Andrews Rd (A-17)

Columbia, SC 29212

Phone Call: 803-776-5524 or Phone Text: 803-479-7859

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION AND PRIVACY

Our Notice of Privacy Practices 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. Your "protected health information" means any of your written and oral health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

This Notice will let you know about the various ways we use and disclose your medical information, describe your rights and our obligations with respect to the use or disclosure of your medical information. We will also ask that you acknowledge receipt of this Notice the first time we come to your facility, you come to our facilities or use any of our facilities, because the law requires us to make a good faith effort to obtain your acknowledgement.

We are required by law to:

Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with our Notice of Privacy Practices and applicable law:

Give you the complete Notice of our legal duties and our privacy practices; and

Abide by the terms of the Notice of Privacy Practices that is in effect from time to time.

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

A. **Uses and Disclosures of PHI for Treatment, Payment and Healthcare Operations**

Your protected health information (PHI) may be used and disclosed by your Orthotist or Prosthetist or Predorthist, 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 your health care bills and support the operation of our facilities and units.

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. 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.

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, reviewing services provided to you for medical necessity and undertaking utilization 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 determine whether your plan will cover the device.

FOR HEALTH CARE OPERATIONS: We may use or disclose as needed your PHI in order to support the business activities of this business in locations of our facilities and units. 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 with "business associates" that perform various activities (eg, billing, transcription services) for this facility. Whenever an arrangement between our facility and our 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.

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

SIGN IN SHEETS: 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 area when your Orthotist or Prosthetist or Pedorthist is ready to see you.

HEALTH-RELATED BENEFITS AND SERVICES: We may also use and disclose your PHI for other educational activities. For example, we may send you information about products or services that we believe may be beneficial to you. You may contact our Privacy and Security Officer to request these materials not be sent to 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 management.

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 can not 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 you sign it. We will not condition your treatment in any way on whether or not you sign any authorization.

C. **Other Permitted/Required Uses/Disclosures May Be Established Pending Verbal Agreement In Time Sensitive Situations When Other Health Caregivers May Be Present**

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D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Prior Authorization or Opportunity to Object

As Required By Law

Public Health Authority

Communicable Disease Protection

Health Oversight Agency Inspection or Investigation

Abuse or Neglect Protection

Military and Veterans Affairs Authority

Food and Drug Administration Recall or Tracking

Legal Proceedings

Law Enforcement

Coroners, Funeral Directors and Organ Donation Compliance

Research and Review Boards

Criminal Activity

Military Activity and National Security

Workers Compensation Compliance

Inmate Compliance

Required Uses and Disclosures

2. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the right to inspect and copy your PHI.

You have the right to request a restriction of your PHI.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location.

You may have the right to have your Orthotist or Prosthetist or Pedorthist amend your PHI.

You have the right to obtain a paper copy of this notice from us.

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 contact of your complaint. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary.

Your contact person is the Privacy and Security Compliance Officer: Zoe V. Owen at 803-776-5524 (phone) or 803-479-7859 (mobile & text). Contact for further information.

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 PHI received before the change 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, asking for one at the time of your next appointment, or accessing our website

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