Dream team PROSTHETICS

Summary of Notice of Privacy Practices

This summary briefly describes important information contained in our Notice of Privacy Practices. We encourage you to take the time to read the complete Notice, which is available to you upon request.

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 you come to our 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:

1. 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;
2. Give you the complete Notice of our legal duties and our privacy practices; and
3. Abide by the terms of the Notice of Privacy Practices that is in effect from time to time; and
4. Notify you in the event of an unauthorized breach of our data if your information has been compromised.

Acknowledgement of Receipt of Notice Of Privacy Practices

I hereby certify that I have received a copy of the “Notice of Privacy Practices” which describes how Dream Team Prosthetics LLC may disclose my protected health information will be used and disclosed in carrying out my treatment, collection of my bills, or health care operations and for other purposes that are permitted or required by law. It also describes my rights to access and control of my protected health information. My “protected health information” means any of my written and oral health information, including demographic data that can be used to identify me. This is health information that is created or received by Dream Team Prosthetics LLC and that relates to my past, present or future physical or mental health or condition.

Dream Team Prosthetics LLC reserves the right to change the privacy practices that are described in its Notice of Privacy Practices. Dream Team Prosthetics LLC also reserve the right to apply these changes retroactively to protected health information received before the change in privacy practices. I understand that I may obtain a revised Notice of Privacy Practices by contacting the office administrator at Dream Team Prosthetics LLC, 7111 Nix Drive, Duncan, OK 73533 and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

Signature of Patient or Representative:_____ Date:___/___/___

Print Name:_____

Signature of Patient or Representative:_____ Date:___/___/___