Dream team PROSTHETICS

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 THIS INFORMATION CAREFULLY

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluations will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information maybe used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Dream Team Prosthetics LLC. For example, information on the services you receive may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. We may also disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence to the proper state agency authorized to receive such information.

Required By Law: Your medical record may be used or disclosed to the extent that is required by law.

Other Uses And Disclosures Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Appointment Reminders: Your health information will be used by our staff to send you appointment reminders.

Information About Treatments: Your health information may be used to send you information on the treatment and management of your medical condition or new technology that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Individual Rights
You have certain rights under federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive confidential communications concerning your medical condition & treatment
- the right to inspect and copy your protected health information
- the right to amend or submit corrections to your protected health information
- the right to receive an accounting of how & to whom your protected health information has been disclosed
- the right to receive a printed copy of this notice

Dream Team Prosthetics LLC Duties
We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRIVACY PRACTICES
As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION
As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may submit a request to the office administrator at the address listed below.

COMPLAINTS
If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to our Office Administrator, Dream Team Prosthetics LLC, 7111 Nix Drive, Duncan, OK 73533.

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address above. You will not be penalized or otherwise retaliated against for filing a complaint.

EFFECTIVE DATE
This Notice is effective on or after January 1, 2017.

To report any complaints regarding privacy issues, contact:

HIPAA Privacy Officer, Community Health Services
Oklahoma State Department of Health
1000 NE Tenth Street
Oklahoma City, OK 73117-1299
405/271-5585
Via email: privacyofficer@health.ok.gov

You may also report complaints directly to the Secretary of Health & Human Services:

The U.S. Department of Health and Human Services, the Office of Civil Rights
1301 Young Street, Suite 1169, Dallas, TX75202
Telephone: (214)767-4056, (214)767-8940 (TDD)