

# Infinity O&P, Inc.

## Notice of Privacy Practices

Effective Date: July 1, 2019

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

Please review our Notice of Privacy Practices (NPP) carefully. If you have any questions about this notice please contact us by phone at 256-539-7997 or by mail at 909 Franklin Street, Huntsville, AL 35801.

**WHO WILL FOLLOW THIS NOTICE:** Infinity O&P, Inc. including all of our employees, contractors and volunteers.

### **WHAT IS OUR NOTICE OF PRIVACY PRACTICE:**

As health care professionals, we understand that health information about you and your health care is personal. We are committed to protecting the privacy of your health information. In order to best serve our patients, we need to gather, keep and use records of this information. This notice will inform you of how we use and disclose your health information and of your rights concerning your protected health information. This notice covers all information about you, contained in our written or electronic records, which concerns you and your health care.

### **WE ARE REQUIRED BY LAW TO:**

- Maintain the privacy of our patients' health information.
- Inform patients of our legal duties with respect to their health information and provide them with a copy of our privacy practices.
- Comply with the terms of this notice while it is in effect.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

- To our clerks, officers and medical records personnel to create an accurate medical record about you.
- To our assistants, aides and technicians to create a plan of care and provide you with treatment.
- For consultations or referrals to other health care providers.
- To volunteers and/or students who assist with your plan of care.
- For appointment reminders.
- To health care equipment organizations/vendors to provide you with durable medical equipment.
- To allow oversight of the quality of the health care we provide.
- To allow workers' compensation claims.
- For payment purposes; to our billing officers, your health plan or other parties financially responsible for your care.
- As required by subpoenas in lawsuits and disputes.
- In case of suspected child abuse, to the appropriate governmental agency.
- When required by Federal, State, or Local law.
- To emergency medical personnel in the event you are in need of their services.
- Various uses as required by law or to avert a serious threat to health or safety.

### **OTHER USES OF HEALTH INFORMATION:**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Please be aware that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **YOUR LEGAL RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI):**

- You have the right to receive a healthcare providers' notice of privacy practices.
- You have the right to accurate and easily understood information about your health plan, health care professionals, and health care facilities.
- You have the right to inspect and obtain a copy of your protected health information. Requests must be written, and a fee may be charged for each copy.
- You have the right to restrict disclosure of your PHI to others. You must specify in writing who you do not want your PHI release to.
- You have the right to alternate means of communication or receiving PHI. Example: an alternate address or via fax or email. Providers can refuse such request if they are unreasonable, impractical or too costly.
- You have the right to request amendments to your PHI. Request must be in writing. Amendments will be added to your medical records. You do not have the right to change your medical records outright, although a review process is provided to correct genuine errors.
- You have the right to an accounting of your PHI disclosures. You may request an accounting of all non-routine disclosures of your PHI to third parties. Certain exceptions and exemptions apply.

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## CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top left-hand corner, the effective date. In addition, each time you register for treatment or healthcare services, we will offer you a copy of the current notice in effect.

## COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us mail to Infinity O&P, 909 Franklin Street, Huntsville, AL 35801. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## The Patient's Bill of Rights

**Information Disclosure.** You have the right to accurate and easily understood information about your health care plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability or just don't understand something, assistance will be provided so you can make informed health care decisions. You have the right to alternate means of communicating or receiving protected health information via an alternate medium like fax or email.

**Choice of Providers and Plans.** You have the right to a choice of health care providers that is sufficient to provide you with the access to appropriate high-quality health care. You have the right to receive a healthcare provider's Notice of Privacy Practices.

**Access to Emergency Services.** If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization or financial penalty.

**Participation in Treatment Decisions.** You have the right to know your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.

**Respect and Non-discrimination.** You have a right to considerate, respectful and nondiscriminatory care from your doctors, health plan representatives, and other health care providers.

**Confidentiality of Health Information.** You have the right to talk in confidence with health care providers and to have your health care information protected. You have the right to review and copy your own medical record. You have the right to request that amendments be added to your medical record. You have the right to restrict disclosure of your protected health information. You have the right to an accounting of protected health information disclosures.

**Complaints and Appeals.** You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.

## Patient Responsibilities

### Statement of Responsibilities

In a health care system that protects consumers' right, it is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual involvement by consumers in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment. Such responsibilities include:

- Take responsibility for maximizing health habits, such as exercising, not smoking and eating a healthy diet.
- Become involved in specific health care decisions.
- Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs.
- Use the health plans internal complain and appeal processes to address concerns that may arise.
- Avoid knowingly spreading disease.
- Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
- Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Become knowledgeable about his or her health plan coverage and health plan options (when available) including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- Show respect for other patients and health workers.
- Make a good faith effort to meet financial obligations.
- Abide by administrative and operational procedures of health plans, health care providers, and Government health benefit programs.
- Report wrongdoing and fraud to appropriate resources or legal authorities.