



NOTICE OF PRIVACY PRACTICE – PATIENT INFORMATION HANDOUT

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

If you have questions, please contact our corporate office: Otto Bock Patient Care, LLC., c/o Privacy Officer, 11809 Domain Drive, # 400, Austin, TX 78758, or by calling 800-328-4058 and asking for the Privacy Officer.

This Notice describes how we may use and disclose your PHI to carry out treatment, payment or healthcare 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 (PHI). "PHI" is information about you, including demographic information, that may identify you, and that relates to your past, present or future physical or mental health or condition and related healthcare services or the past, present or future payment for your healthcare services.

We are required to abide by the terms of this Notice. We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice by calling the office at the phone number above.

Uses and Disclosures of PHI: Otto Bock Patient Care may use and/or disclose your health information for treatment, payment and healthcare operations as more fully described below.

Treatment - We will use and disclose your PHI to provide, coordinate or manage your healthcare and any related services. For example, we may disclose your health information to another healthcare provider or a hospital if it is necessary for your assessment or treatment for your health condition.

Payment - Our insurance and billing staff may disclose your examination and treatment records to another party, such as an insurance carrier, an HMO, a PPO who is responsible for the payment of your services, to obtain payment. This may include activities that your health plan undertakes before approving or paying for the healthcare services that we have recommended, such as: making a determination of eligibility or coverage of insurance benefits, reviewing services provided to you for medical necessity, and performing utilization reviews. Additionally, we may disclose your PHI to a collection agency for payment purposes.

Healthcare Operations - For the Otto Bock Patient Care to operate in accordance with applicable law and insurance requirements and in order for Otto Bock Patient Care to continue to provide quality and efficient services, it may be necessary for Otto Bock Patient Care to compile, use and/or disclose your health information. For example, Otto Bock Patient Care may use your health information in order to evaluate the performance of Otto Bock Patient Care's personnel in providing care to you.

Uses and Disclosures of PHI Based Upon Your Written Authorization: Other uses and disclosures of your health information will be made only with your written authorization, unless permitted or required by law as described below. You may revoke this authorization at any time by sending written notice of the revocation to our office, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. You may obtain the revocation form from our office by calling the office at the number listed above and requesting that the receptionist mail the form to you.

Required or Permitted Uses and Disclosures That May Be Made Without Your Authorization

Others Involved In Your Healthcare: If you agree, or we can reasonably infer from the circumstances that you agree, Otto Bock Patient Care may disclose to individuals identified by you such as your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. If you are not present or able to agree or object to the use or disclosure of your PHI, then, by using his/her professional judgment, Otto Bock Patient Care may determine whether the disclosure is in your best interest and act accordingly. Otto Bock Patient Care may also use or disclose your health information to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. We may use or disclose your PHI to an authorized public or private entity to assist in disaster efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.



Appointment Reminders: Otto Bock Patient Care may contact you or your caregiver to remind you of an upcoming appointment with us or with your physician and/or therapist. These appointments are required to be attended in order for Otto Bock Patient Care to provide your requested service. For example, you must be evaluated by a physician in order to receive a prosthesis.

Treatment Alternatives: Otto Bock Patient Care may, from time to time, contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required By Law: We may use or disclose your PHI to the extent that it is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required or permitted by law, of any such use or disclosure.

Communication Barriers: We may use and disclose your health information if Otto Bock Patient Care attempts to communicate with you but is unable to do so due to substantial communication barriers, such as unconsciousness, and Otto Bock Patient Care determines, using professional judgment, that you would permit the use or disclosure under the circumstances.

Public Health Activities: We may disclose your PHI for public health activities, which may include, for example, information collected by a public health authority that is authorized by law to collect the information to prevent or control disease.

Abuse, Neglect, or Domestic Violence: We may use or disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. The disclosure will be made consistent with the requirements of the applicable state and federal laws.

Health Oversight: We may disclose your PHI for health oversight activities, which must be required by law, such as to government agencies that include criminal investigations, audits, or general oversight activities relating to the community's healthcare.

Communicable Diseases: We may use or disclose your PHI, 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.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized).

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

Research: If Otto Bock Patient Care is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your health information. We may disclose your PHI to researchers when the research has been approved by an institutional review board that has reviewed the proposal and established protocols to ensure the privacy of your PHI.

Coroner or Medical Examiner: Otto Bock Patient Care may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, 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 or if it is necessary for law enforcement authorities to identify or apprehend an individual.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes to include but are not necessarily limited to the reporting of certain types of wounds or physical injury, in response to a request to locate or identify a suspect, fugitive or missing person, or to comply with the requirements of a court order.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with Workers' Compensation laws and other similar legally-established programs.



Military Activity and National Security: When appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel as required by the military command authorities or for the purposes of determining eligibility for benefits by the Department of Veterans Affairs or for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Business Associate: To a business associate if Otto Bock Patient Care obtains satisfactory written assurance, in accordance with the applicable law, that the business associate will appropriately safeguard your PHI.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and Otto Bock Patient Care created or received your health information during the time we were providing care to you.

Your Rights: The following information describes the rights you are given by law. We require that you exercise each right by completing a form available for each right. You may obtain the appropriate form by calling our office and asking for the form. We will be happy to mail you the appropriate form.

Inspect and copy your PHI that is included in a designated record set. A designated record set contains medical and billing records and any other records that we use to make healthcare decisions about you. This request to obtain access to your medical records must be made in writing on the appropriate form from our receptionist. Our office has thirty (30) days to respond to your request by either granting you access to the records or denying you access. Under federal law, there are limited circumstances where we may deny you access to the information. Depending on the circumstances, a decision to deny access may be reviewed. If you are denied access, you will be notified in writing, including the reason for denial and any appeal rights.

Request a restriction on your PHI. This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes. **Your request must be in writing and must state the specific restriction requested and to whom you want the restriction to apply.** You may make a request for the restriction of the use or disclosure of your health information by completing a form designated for this purpose that you may obtain from our receptionist. Our office will respond to this request within thirty (30) days of receiving your request.

Otto Bock Patient Care is not required to agree to a restriction that you may request, if Otto Bock Patient Care believes it is in your best interest to permit use and disclosure of your health information. If Otto Bock Patient Care does agree to the request, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.

Receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you by alternative means or at an alternative location. You must make your request in writing on a form used for this purpose that you may obtain from our receptionist. Otto Bock Patient Care will accommodate all reasonable requests.

Amend your PHI. This means that you may request an amendment of PHI about you in a designated record set for as long as we maintain the information. To request an amendment, you must submit a written request on a form used for this purpose that you may obtain from our receptionist. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We will respond to your written request for amendment within sixty (60) days of receiving your request.

Receive an accounting of disclosures of your PHI as provided by law. This request applies to disclosures made for purposes other than treatment, payment, or healthcare operations as described in this Notice. It excludes disclosures we have made to you, disclosures you have authorized, disclosures to family and friends involved in your healthcare, and disclosures for notification purposes. To request an accounting, you must submit a written request on a form used for this purpose that you may obtain by requesting the form from our receptionist. The request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with Otto Bock Patient Care's Privacy Officer. All complaints must be in writing on a form from our receptionist. You may contact our Privacy Officer at **800-**



328-4058 for further information about the complaint process. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services at: Centralized Case Management Operations, US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Bldg, Washington DC 20201; email: OCRComplaints@hhs.gov; Or phone **877-696-6775**. You have the right to file a complaint with the American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc. at **703-836-7114**.

Patient Bill of Rights & Responsibilities

Otto Bock Patient Care believes you, the patient, have the right:

1. To fully participate in all decisions regarding the prosthetic-orthotic care provided by Otto Bock Patient Care;
2. To receive the appropriate prescribed services in a clean and safe environment;
3. To secure privacy in every process during your prosthetic-orthotic care;
4. To refuse prosthetic-orthotic services; (However, when refusal of services prevents Otto Bock Patient Care from providing the needed services, the relationship with the patient may be terminated with appropriate notice.)
5. To full disclosure of Otto Bock Patient Care's fees for prosthetic-orthotic products or services;
6. To considerate and respectful prosthetic and orthotic care regardless of race, creed, sex, national origin, handicap or source of payment
7. To be informed of Otto Bock Patient Care's compliant resolution policy;
8. To confidentiality of your prosthetic-orthotic records and communications pertaining to your care, including your personal health information;
9. To refuse the release of confidential information to outside sources without your prior written authorization;
10. To complete an Otto Bock Patient Care "Patient Satisfaction Survey."

You, the patient, have the responsibility:

1. To provide accurate and complete information concerning your medical history;
2. To keep appointment and to notify us when you are unable to do so;
3. To be considerate of the rights of other patients and Otto Bock Patient Care staff;
4. To follow your patient care, use and maintenance instructions;
5. To inform Otto Bock Patient Care if you do not understand your instructions regarding your prosthetic - orthotic care;
6. To assure the financial obligations of your services provided by Otto Bock Patient Care are fulfilled promptly according to policy.

Emergency and After-Hours Service

1. In case of a medical emergency, immediately telephone 911 or your physician or caregiver.
2. In the situation of an environmental disaster such as a flood, tornado, snow storm, etc., telephone 911 if the disaster is causing an immediate medical emergency.
3. For problems or service during non-business hours, contact your practitioner at his/her office location and leave a voice message. A representative will return your call upon receipt of the message.

Equipment Warranty Information

Otto Bock Patient Care honors all warranties expressed and implied under applicable State Law. Otto Bock Patient Care will notify all Medicare beneficiaries regarding warranty coverage of any supplies sold or rented. Otto Bock Patient Care will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or services covered under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment and orthotic or prosthetic supplies where this manual is available.

Supplier Standards

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.



2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from any other federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped rental equipment.*
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number (i.e., the supplier may not sell or allow another entity to use its Medicare billing number).
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary; a summary of the complaint; and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).



27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.
31. The full version of the Supplier Standards may be found at 42 CFR 424.57c