



HIPAA PRIVACY STATEMENT

As part of our goal to provide our patients with the optimum level of care and our need to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, Orthotic Care Services, LLP has adopted the following: Notice of Patient Privacy Practices. Please read this notice carefully as we advise you of your rights to quality and confidential health care.

INFORMATION: Orthotic Care Services, LLP, as your provider, is obligated to provide you with complete details regarding your treatment. This information must include your diagnosis, a treatment plan, potential benefits and drawbacks, risks, and alternatives associated with the treatment. You also have the right to know any business relationships between your practitioner and an outside source. You have the right to have the information communicated to you in an understandable manner, involving a family member or representative when desired and designated by you. You are responsible for providing us with accurate information about you so that we may devise a treatment plan.

PLANNING: You have the right to participate in the formation of your treatment plan, discuss options with your practitioner, and clarify any questions you may have.

REFUSING OR LIMITING CARE: After being fully informed about your treatment plan, benefits, drawbacks, risks, and alternatives. You have the right to refuse or limit the care that you receive. This decision will be fully documented in the patient chart.

COURTEOUS TREATMENT: You have the right to be treated in a warm and respectful manner by your practitioner and the staff at Orthotic Care Services. We will respond to any questions you have or requests that you make in a timely manner.

CONFIDENTIALITY: Orthotic Care Services, LLP considers it our responsibility to ensure that the information you provide us regarding yourself is kept confidential. We will obtain your permission before we release any of your information to an outside source, except in the following cases: complaint investigation or inspections by the Department of Health, required release by a third-party payer, or where a release of information is required by law. You have the right to inspect your records and follow set procedures to request an amendment of your records. We also are committed to keeping all correspondence, discussions, and files regarding your care discreet and confidential.

FEES: Information regarding our fees, health plan policies, billing procedures, and payment information will be discussed with you in a manner that you can understand. Our staff will assist you with any questions regarding these procedures.

RESEARCH: Your informed consent is required for participation in research, and you have the right to refuse participation.

GRIEVANCES: You have the right to make a formal complaint to our facility or outside agencies if you feel any of your privacy rights have been violated. We have a complete Complaint Resolution Plan on file, which you have the right to access and utilize at any time. Orthotic Care Services, LLP will not retaliate against you if you exercise your right to use our Complaint Resolution Plan.