

ORTHOTIC AND PROSTHETIC SERVICES, INC.

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 it carefully.

If you have any questions about this Notice, please contact our Privacy Officer at (330) 723-6679, or at 132 Highland Drive, Medina, OH 44256. This 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. "Protected health information" 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 health care services. We are required to abide by the terms of this Notice of Privacy Practices. We expressly reserve the right to change the terms of our Notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. We will promptly revise and distribute the Notice whenever there is a material change to the uses or disclosures, the patients' rights, the facility's legal duties or other privacy practices stated in this Notice. You may request a copy of any of our revised Notices of Privacy Practices via our website (www.oandp.com/opservices), by calling the office and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment.

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information (although we are not required to agree to such restrictions)
- obtain a paper copy of this Notice of Privacy Practices upon request
- inspect and obtain a copy of your health record (Note: we require that you make such requests in writing; fees for copies may apply)
- request an amendment of your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken
- receive confidential communication of your protected health information

Our Responsibilities: This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of our Notice of Privacy Practices currently in effect
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Officer at (330) 723-6679 for further information about the complaint process.

Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment.

For example: Information obtained by a practitioner or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

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We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and services/devices provided.

We will use your health information for regular health operations.

For example: Members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided to our organization through contacts with business associates. Examples include our accountant and accreditation organization. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location or general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information to funeral directors consistent with applicable laws to carry out their duties with respect to a decedent, or to coroners/medical examiners for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of organ, eye or tissue donation and transplant.

Marketing: We may contact you to schedule appointments, upon request of your referring healthcare provider, provide appointment reminders, recommendations for follow-up evaluations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement and Judicial Administrative Release: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Other:

For specialized government functions, including military and veterans activities, national security and intelligence activities, protective service for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations and government programs providing public benefits; for disclosures about victims of abuse, neglect or domestic violence; to avert a serious threat to health or safety; to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Disclosures via fax machines or computer software (internal or via the internet): your protected health information may be used and/or disclosed via these means to carry out the stated purposes/uses in this Notice.

Effective Date: This notice was published and becomes effective on January 29, 2003.