

Notice of Privacy Practices

Bio-Medic Appliances, Inc.
8A Ewing Place
Essex Junction, VT 05452

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.

We at Bio-Medic Appliances, Inc. are dedicated to maintaining the privacy of your health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this notice. Any change will be effective for all your records that our practice has created in the past, and for any records that we may create or maintain in the future. We will post a copy of our most current Notice in our offices in a visible location at all times. You may request a copy of our most current Notice at any time.

Bio-Medic Appliances, Inc. typically uses or shares your information in the following ways:

Treatment: We can use your PHI to provide treatment and share it with other professionals who are treating you. This may involve communicating and exchanging information with other healthcare providers such as your referring provider, physical therapist, or occupational therapist.

Payment: We can use and share your PHI to bill and get payment from health plans or other entities. This allows us to obtain prior approval, verify coverage, bill and collect payment. We may communicate with insurance companies, referring providers, health plans, workman's compensation contacts, and/or collection agencies.

Health care operations: We can use your information to operate our business. For example, we may use and disclose your PHI to outside organizations that help assess the quality of care we provide or to assist various entities such as accountants and lawyers who assist us in complying with applicable laws to effectively run our business.

Appointment Reminders: We can use your PHI to contact you and remind you of an appointment. This includes appointment reminders via phone, text and/or email.

Release of information to family/friends: Our practice may release your PHI to a friend or family member that asks for you by name or that is involved in your care. For example, a parent or guardian may ask that a babysitter take their child to an appointment. In this example, the babysitter may have access to the child's PHI. For example, a hired driver may alert staff they are here to pick you up. In this example, the driver would be provided your whereabouts.

Disclosures required by law: We may be required to share your PHI under other circumstances, usually in ways that contribute to the public good, such as public health and safety.

- a. We will share your PHI if required by law or court order. This may occur when it relates to victims of abuse, neglect, or domestic violence, or when necessary for public health and safety.
- b. We may also disclose information to correctional institutions and other law enforcement agencies in custodial situations.
- c. We may release information to federal officials for intelligence and national security activities authorized by law.
- d. We may release PHI in response to a court or administrative order, or in response to a subpoena.

Your Rights

Request restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI however, we are not required to agree to those restrictions. Restriction requests must be made in writing. If we agree to your request, there are still certain circumstances that may prohibit us from abiding by your request, such as the disclosures required by law as outlined above.

Confidential communications: You have the right to request that we contact you in a specific way (for example, home or cell phone) or to send mail to a different address. Your request must be made in writing. We will accommodate reasonable requests.

Inspections and copies: You have the right to see and receive a copy of your PHI. Your request must be in writing. We may charge you related fees. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will notify you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

Amendment: You have the right to request an amendment of your PHI that you believe to be incorrect or incomplete. Your request must be in writing and must explain the reason(s) for the amendment. We may deny your request if the information was not created by us, the information is not part of the records used to make decisions about you, or we believe the information is correct and complete. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. (A form is available from our office to initiate an amendment.)

Disclosures: You have a right to receive a written listing of our disclosures. This is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of routine patient care is not required to be documented. If you request this information more than once in 12 months, we can charge you a reasonable fee.

Request copies: You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.

Complaints: You have a right to file a complaint or comment about our privacy practices. This should be done in writing and addressed to:

Sarah Thomas, CPO, FAAOP
Bio-Medic Appliances, Inc.
8 Ewing Place
Essex Junction, VT 05452

By signing this form you are authorizing that you have read this Notification of Privacy Practices.
You have a right to a copy of this notice.

Patient Name (printed) _____

Authorized Signature _____

Date _____