

## YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights regarding protected health information we maintain about you:

**1. Right to Inspect and Copy.** You have the right to inspect and request a copy of your protected health information in the "designated record set", except as prohibited by law. The "designated record set" is the medical and billing records used to make decisions about your care, as determined by the facility. You also have the right to authorize third parties to obtain your protected health information.

To inspect, by appointment, and/or request a copy of your protected health information in the designated record set, you must submit your request in writing on an approved Authorization form. These forms are available upon request. If you request a copy of the information, we may charge a fee of 25 cents a page (or the current statutory rate) to offset the costs associated with the request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain protected health information, you may request that the denial be reviewed. Some types of records, such as psychotherapy notes, may be denied to you and no review is allowed. Other records may be denied for personal safety or potential harm reasons, but you may obtain a review of this denial. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review

will not be the person who denied your request. We will comply with the outcome of the review.

You have the right to revoke in writing an Authorization, but prior disclosures will not be affected. Submit the revocation to the facility's medical record custodian.

**2. Right to Amend.** If you feel that protected health information in a designated record set we have about you is incorrect or incomplete, you may ask the facility to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be made in a writing that states the reason for the request. A form for this purpose is available upon request. Submit your request to the medical record custodian of the facility.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the protected health information kept by or for the facility;
- is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

**3. Right to an Accounting of Disclosures.**

You have the right to request one free accounting every 12 months of certain disclosures a facility made of protected health information about you to third parties

or agencies, unless those disclosures were made for treatment, payment or healthcare operations or were subject to an Authorization. To request this list, you must submit your request in writing to the medical record custodian. A form for this purpose is available upon request. Your request must state a time period which may not be longer than six years and may not include dates before June 1, 2011. Your request should indicate in what form you want the list (for example, on paper or electronically). For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information a facility uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had or a medication you are taking.

In certain situations, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. We will assist you or

provide a form for this purpose upon request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**5. Right to Request Confidential Communications.** You have the right to request that a facility communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to clinical personnel or the social worker. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**6. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact clinical or administrative personnel:

**Total Care Orthotics & Prosthetics**

**6565 S. Yale, Suite 901**

**Tulsa, OK 74136**

**Phone: 918-502-5975 Fax: 918-502-5980**

You may obtain a copy of this Notice at our web site: [www.totalcareop.com](http://www.totalcareop.com)

**RESERVATIONS ABOUT THIS NOTICE:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected 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 the facility. The Notice will contain on the first page, near the top, the effective date. In addition, each time you register at the facility for treatment or health care services we may not offer a Notice to you if you have already received a current version, but we will give you another copy upon request.

**AUTHORIZATION FOR OTHER USES OF PROTECTED HEALTH INFORMATION:** Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke an authorization at any time, but prior release of information will not be affected.

**QUESTIONS, REQUESTS, & COMPLAINTS:** If you have a question or request, you may contact the Privacy Officer/Coordinator listed below. If you believe your privacy rights have been violated, you may file a written complaint with the facility or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with a member of the professional staff, the Administration can furnish information to contact clinical or administrative personnel at:

**Total Care Orthotics & Prosthetics**  
6565 S. Yale, Suite 901  
Tulsa, OK 74136  
Phone: 918-502-5975 Fax: 918-502-5980  
You may obtain a copy of this Notice at our web site: [www.totalcareop.com](http://www.totalcareop.com)

**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.**

**Facilities Using This Notice:** Total Care Orthotics and Prosthetics service providers and affiliated covered entities (each with its workforce a "facility" as discussed in this notice) creates and maintains a record of the care and services you received at each facility. Total Care Orthotics and Prosthetics herein participants in an "organized system of health care" and/or engage in joint activities for the efficient delivery of quality health care as an Organized Health Care Arrangement or affiliated covered entities under the **Health Insurance Portability and Accountability Act (HIPAA)**. Your medical records and billing information are systematically created and retained on a variety of media which may include computers, paper and films. That information is accessible to facility workforce and members of the professional staff. Proper safeguards are in place to limit improper use or access. We are required by law to protect your privacy and the confidentiality of your personal and protected health information and records. This Notice of Privacy Practices ("Notice") describes your rights and our legal duties regarding your protected health information. A list of the specific Facilities and sites covered by the Notice is available on the web site, or through request to the Privacy Officer, listed at the end of this Notice.

**Professional Staff Included in Notice.** In addition, each hospital facility, with its medical staff and other professional health care providers, are part of a "clinically integrated care setting" that constitutes an Organized Health Care Arrangement under **HIPAA**. This arrangement involves participation of legally separate health care providers in which no provider is responsible for the medical judgment or patient care decisions made by the other providers in the facility. Sharing information allows us to enhance the delivery of quality care to our patients. Professional staff members that have agreed to join in this Notice will follow this Notice while working in the hospital setting. You will not receive a separate Notice in the hospital from professional staff members joining in this Notice, however, you may receive a Notice from each independent physician and other health care provider in their office, which may be different from this Notice and which will govern the use and disclosure of protected health information created and maintained by that provider in their office.

**Definitions:** you, at times, may see or hear new terms in relation to this Notice. Some of the terms you may hear and their definitions are:

**A. Protected Health Information or PHI** is your personal and protected health information that we use to render care to you and bill for services provided.

**B. Privacy Officer/Coordinator** is the individual for the facility who has responsibility for developing and implementing all policies and procedures

concerning your **PHI** and receiving and investigating any complaints you may have about the use and disclosure of your **PHI**. The address and phone number of the Privacy Officer is listed at the end of this notice.

**C. Business Associate** is an individual or business independent of the facility that works on behalf of the facility to help provide the facility or you with services.

**D. Authorization:** we will obtain an authorization from you when required giving us permission to use or disclose your protected health information for purposes other than for your treatment, to obtain payment of your bills and for health care operations of the facility or Organized Health Care Arrangement.

**E. Organized Health Care Arrangement:** each facility with an employed, contracted and independent medical staff and other health care professionals (referred to herein as "professional staff") who have been granted privileges to practice at the facility are part of a clinically integrated care setting, an Organized Health Care Arrangement, in which your PHI will be shared for purposes of treatment, payment, and health care operations as described below. Total Care Orthotics & Prosthetics facilities participate in an organized system of health care that constitutes another type of Organized Health Care Arrangement.

**F. Affiliated Covered Entities:** legally separate entities that may designate themselves as a combined entity for purposes of this notice and HIPAA.

**TREATMENT, PAYMENT & HEALTH CARE OPERATIONS:**

The Organized Health Care Arrangements may use and disclose your protected health information without your authorization for treatment, payment and health care operations:

**1. Treatment.** A facility and its professional staff may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility or by facility staff, or at outside service sites. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, a physician may need to know the medications you were prescribed so that he can arrange for appropriate treatment for follow-up care. We may tell your primary care physician or other physicians or their staff about your facility stay.

**2. Payment.** A facility and its professional staff may ordinarily use and disclose protected health information about you so that the treatment and services you receive at the facility or by professional staff may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the facility so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a

treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide your facility professional staff or their billing agents with information so they can send bills to your insurance company or to you. We may conduct payment activities of one facility through another facility within the Saint Francis Health System.

We will obtain your consent or authorization for release of section protected health information for payment purposes as required by law, such as information involving communicable or venereal disease, or substance abuse treatment.

**3. Health Care Operations.** A facility and its professional staff may use and disclose protected health information about you for facility operations. These uses and disclosures are necessary to manage the facility and make sure that all of our patients receive quality care. For example, we may use protected health information about your high blood pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train health professionals. We may also combine protected health information about many facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also combine protected health information we have with protected health information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer.

**4. Business Associates.** A facility and its professional staff may disclose your protected health information to Business Associates separate or independent of the facility with whom we or they contract to provide services on our or their behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your protected health information. For example, we may contract with a company outside of the facility to provide medical transcription services for the facility, or to provide collection services for past due accounts.

**DISCLOSURES NEEDING YOUR CONSENT OR PERMITTING YOUR OBJECTION:**

**1. Appointment Reminders.** A facility and its professional staff may use and disclose your protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the facility. This may be done through an automated system or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone. You have the right to stop appointment reminders if you will let us know your decision.

**2. Health Related Benefits and Services.** A facility and its professional staff may use and disclose your protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

**3. Fundraising Activities.** A facility and its professional staff may use or disclose your protected health information to contact you in an effort to raise money for the facility and its operations. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at a facility. If you do not want a facility to contact you for fundraising efforts, please notify the Privacy Officer.

**4. Hospital Directory.** Certain limited information about you will be included in an inpatient hospital facility directory while you are a patient at the facility (however, Laureate Psychiatric Clinic and Hospital does not utilize an inpatient hospital directory). Your location in the facility and your general condition (e.g., fair, stable, etc.) may be released to people who ask for you by name. In addition, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the facility and generally know how you are doing. You may object to participation in the facility directory by telling admitting or clinical personnel.

**5. Individuals Involved in Your Care or Payment for Your Care.** The facility and its professional staff may release protected health information to a friend or family member who is involved in your medical care. We may also give protected health information to someone who helps pay for your care. You may object to disclosures to these individuals by making your wishes known to clinical personnel or social worker.

We may also disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

### **SPECIAL SITUATIONS WHERE DISCLOSURE MAY OR MAY NOT REQUIRE YOUR CONSENT**

**1. Research.** Under certain circumstances, the facility and its professional staff may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, and your authorization will generally be required, but we may, however, disclose protected health information about you to researchers preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave the facility. We will generally ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the facility.

**2. As Required by Law.** The facility and its professional staff will disclose protected health information about you when required to do so by federal, state or local law. For example, Oklahoma law requires us to report all deaths that occur in a hospital facility to the Oklahoma Department of Health.

**3. To Avert a Serious Threat to Health or Safety.** The facility and its professional staff may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**4. Organ and Tissue Donations.** If you are an organ donor, the facility and its professional staff may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation & transplantation.

**5. Military.** If you are a member of the armed forces, a facility and its professional staff may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**6. Workers Compensation.** The facility and its professional staff may release protected health information about you for workers' compensation or similar programs as

authorized by state laws. These programs provide benefits for work-related injuries or illness.

**7. Public Health Reporting.** The facility and its professional staff may disclose protected health information about you for public health activities, to, for example:

- prevent or control disease, injury or disability;
- Report birth defects or infant eye infections;
- Report cancer diagnoses and tumors;
- Report child abuse or neglect or a child born with alcohol or other substances in its system;
- Report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases;
- notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

**17. Health Oversight Activities.** The facility and its professional staff may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting to manufacturers and agencies (including social security numbers) and licensure.

**18. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the facility and its professional staff may disclose protected health information about you in

response to a court or administrative order. Except as may be prohibited by law, we may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your attorney about the request or to obtain an order protecting the information requested. For certain categories of medical information, patient authorization may be required for disclosure pursuant to a subpoena. For instance, substance abuse treatment records may require patient authorization or a court order for release to third parties under a subpoena.

**19. Law Enforcement.** The facility and its professional staff may release protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the facility