

# NOTICE OF PRIVACY PRACTICES FOR YANKE BIONICS, INC.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

## **OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION**

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. Your “protected health information” means any of your written and oral health information, including your demographic data that can be used to identify you. This health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

We are required by law to: Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable by law;

Given you this Notice of our legal duties and our privacy practices; and Aide by the terms of the Notice of Privacy Practices that is in effect from time to time.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**For Treatment:** We will disclose your protected health information to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to the physician that referred you to us. We will also disclose protected health information to other health care providers who may be treating you when we have the necessary permission from you to disclose your protected health information.

**For Payment:** Your protected health information will be used as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also tell your health plan about an orthotic or prosthetic device you are going to receive to obtain prior approval or to determine whether your plan will cover the device.

**For Health Care Operations:** We may use or disclose, as needed your protected health information in order to support the business activities of this facility. These activities include, but are not limited to, quality assessment activities, employee review activities, legal services, licensing, and conducting or arranging for other business activities. We may share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for this facility. Whenever an arrangement between our facility and our business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Treatment Alternatives:** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest of you.

**Appointment Reminders:** We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**Sign In Sheets:** We may use a sign-in sheet at the registration desk where you will be asked to sign in your name. We may also call you by name in the waiting room when your Orthotist or Prosthetist is ready to see you.

**Sale of Practice:** If we decide to sell this practice or merge or combine with another practice, we may share your protected health information with the new owners.

## **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

You may revoke your authorization, at any time, in writing. You understand that we cannot take back any use or disclosure we may have made under the authorization before we received your written revocation, and that we are required to maintain a record of the medical care that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. We will not condition your treatment in any way whether or not you sign any authorization.

## **Other Permitted and Required Uses and Disclosures That May Be Made Either With Your Authorization or Opportunity to Object.**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then Yanke Bionics Clinics, Inc. may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others involved in your Health care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

**Other Permitted and Required Uses and Disclosures That May Not Be Made Without Your Authorization or Opportunity to Object.** We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to object.

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state or local 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 by law, of any such uses or disclosures.

**Public Health:** Your health information may be disclosed to the public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil right laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. We will only make this disclosure if you agree or when required or authorized by law. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

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

**Legal Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on these premises of the practice, and (6) medical emergency (not on the facility's premises) and it is likely that a crime has occurred.

**Research:** Under certain circumstances, we may disclose your protected health 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 protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual,

**Workers Compensation:** We may disclose your protected health information as authorized to comply with workers compensation laws and other similar legally-established programs that provide benefits for work-related illnesses and injuries.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and Yanke Bionics Clinics, Inc. received your protected health information in the course of providing care to you.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Following is a statement of your rights with respect to your protected health information.

**\* You have the right to inspect and copy your protected health information.**

To inspect and copy medical information, you must submit a written request to the Privacy Contact listed on the last pages of this notice.

We may deny your request in limited situations specified in the law. For example, you may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and certain other specified protected health information defined by the law. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have any questions about access to your medical record.

**You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restricted information to apply.

Yanke Bionics Clinics, Inc. is not required to agree to a restriction that you may request. If Yanke Bionics Clinics, Inc. believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You may request a restriction by

**\* You have a right to request to receive confidential communications from us concerning your medical condition and treatment.**

**\* You have the right to amend or submit corrections to your protected health information.**

We may deny your request that is not in writing or does not state a reason for supporting the request. If we deny your request for amendment, we will do so in writing and explain the basis for denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have any questions about amending your medical record.

**\* You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices.

**\* You have the right to obtain a paper copy of this notice from us.**

### **ELECTRONIC COMMUNICATION**

All Medical Records processed through electronic software are protected through a private encrypted VPN. Any electronic mail transmission is intended by Yanke Bionics for the use of the named individual or entity to which it is directed and may contain private or confidential information. It is not intended for transmission to, or receipt by, anyone other than the named addressee (or person authorized to deliver it to the named addressee). We include instructions that it should not be copied or forwarded to any unauthorized persons.

### **CHANGES TO THIS NOTICE**

We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to Protected Health Information received before the change in privacy practices. You may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy by sent in the mail or asking for one at the time of your next appointment.

### **COMPLAINTS**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Contact  
Yanke Bionics Clinics, Inc.  
303 W. Exchange Street  
Akron, Ohio 44302

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

### **CONTACT PERSON**

The name and contact person you may contact regarding a restriction you are requesting on your protected health information is:

Privacy Contact  
Yanke Bionics Clinics, Inc.  
303 W. Exchange Street  
Akron, Ohio 44302

**Effective Date:** This notice was published and becomes effective on April 14, 2003.