

Patient Bill of Rights

As an individual receiving orthotic and/or prosthetic services from our company, let it be known and understood that you have the following rights:

1. To select those who provide you orthotic and prosthetic services.
2. To be provided with legitimate identification by any person or persons who enters your residence to provide home care services for you.
3. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference of physical or mental handicap.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing our company who provides treatment or services for you, and be free from neglect or abuse be it physical or mental.
5. To assist in the development and planning of your health care program that is designed to satisfy, as best as possible, your current needs.
6. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer or service to another healthcare provider, or the termination of services.
7. To express concerns or grievances or recommend modifications to your home care service without fear of discrimination or reprisal.
8. To request and receive complete and up to date information relative to your condition, treatment, alternative treatments, or risks of treatment.
9. To receive treatment and services within the scope of your health care plan, promptly and professionally, while being fully informed as to our company's policies, procedures, and charges.
10. To refuse treatment, within the boundaries set by law and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
11. To request and receive data regarding treatment or services or costs thereof privately and with confidentiality.
12. To request and receive the opportunity to examine or review your medical records.

Information Release Authorization & Payment for Services Agreement

*Medicare Authorization to release information & payment request:

I certify that the information given to me in applying for payment under Title VIII of the Social Security Act is correct. I authorize release of all records required to act on this request. I request that payment of authorized benefits be made in my behalf.

*Private: The undersigned whether he/she signs as agent or a patient, that in consideration of the services to be rendered to the patient, he/she obligates themselves to pay the account of Atlantic Prosthetic Services facility. Should the account be referred to any attorney for collection, the undersigned shall pay reasonable attorney fees and collections expenses. All delinquent accounts bear interest at the legal rate. I hereby authorize Atlantic Prosthetic Services to release all information necessary to secure the payment benefits.

*Consent for Treatment: The patient is under the control of his/her attending physician and the Facility is not liable for any act or omission when following the instructions of said physician, who is neither the employer nor an agent of the Facility. Patient consents to an exam, treatment or procedure by the physician.

*Authorization to Release Information: The undersigned hereby consents to the release of information to any medical provider or hospital, in which the undersigned has been a patient and authorizes the provider to disclose all or any part of the patient's medical record.

There will be a charge of \$15.00 payable by the patient or party asking for copies of records. This fee is to reimburse Atlantic Prosthetic Services for copy charges.

I also consent the release of information pertinent to the patient's care by Atlantic Prosthetic Services to any medical provider or hospital to which the patient should be admitted.

Payment is due at completion of treatment unless prior arrangements are made.

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

NOTICE OF PRIVACY PRACTICES

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

Introduction

At Atlantic Prosthetic Services, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Atlantic Prosthetic Services, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that the services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Atlantic Prosthetic Services, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Request to inspect and copy *some** of your health record as provided for in 45 CFR 164.524,

- Request amendments to your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Atlantic Prosthetic Services is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would additional information, you may contact the practice's Privacy Officer, Jeffrey McDonald, at 910-350-0067.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a therapist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your care provider will document in your record, his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment. We will also provide your subsequent health care providers with copies of various reports that should assist him or her in treating you.

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 supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the 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 be used to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. One example is a billing service 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 and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Communication with family: We must disclose your health information to you as described in the Patients Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

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.

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.

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

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.