



Dynasplint Systems, 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.

Dynasplint Systems, Inc. creates a record of the care, products and services you receive from us and a record of the payment for such services. This record may also include information about you received from other health care providers, including information about your past, present or future health or condition and related health services. **We are committed to protecting the confidentiality of all such health information about you and maintained by us (your "health information").**

This notice describes (1) how we may use and disclose your health information to carry out treatment or payment activities or to carry out the health care operations of Dynasplint Systems, Inc. and (2) your rights to access and control your health information. We are required by law to abide by the terms of this notice.

The privacy practices described in this notice apply to all officers, employees, staff, sales consultants, contractors and agents of Dynasplint Systems, Inc. and to their activities at the main office location in Severna Park, Maryland and all sites of service in the United States. Your physician and other health care providers may have different privacy practices and will provide you with their own Notice of Privacy Practices.

1. Uses and Disclosures of Health Information

A. **Uses and Disclosures for Treatment, Payment or Health Care Operations**

Your health information may be *used* by Dynasplint Systems, Inc., our employees, staff, sales consultants and other persons assisting us for the purpose of providing health care services to you, seeking payment for your health care, and supporting our health care operations. We may *disclose* your health information to other health care providers or other persons involved in your treatment, to certain persons or entities involved in payment for your health care and, with certain limitations, to other persons and entities for health care operations purposes.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and related services. For example, we may disclose your health information, as necessary, to a home health agency that provides care to you. As another example, we may provide health information to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your health information will be used and disclosed, as needed, in order to bill or obtain payment for your health care services. For example, we may need to give health information about you to an insurance company in order to receive payment on a claim.

Health Care Operations: With certain limitations, we may use or disclose your health information in order to support the business activities and operations of Dynasplint Systems, Inc. These activities include, but are not limited to, quality of care assessments, employee or product review, licensing or accreditation activities, and conducting or arranging for certain other business activities. For example, we may use and disclose your health information in reviewing and assessing our treatment services and in evaluating the performance of our staff and products. Or, for example, we may disclose health information to persons involved in reviewing our service as a Medicare supplier.

B. **Other Uses and Disclosures**

Appointments and Information about Health Alternatives, Benefits or Services. We may use your health information to send you reminders of appointments for initial fittings or follow-ups or to give you information about treatment alternatives or other health-related benefits and services provided by us that may be of interest to you.

Required by Law. We may use and disclose your health information as required by law. For example, we may disclose information for the following purposes:

- *As required for judicial and administrative proceedings;
- *To report information related to victims of abuse, neglect, or domestic violence; and
- *As required by the Secretary of the Department of Health and Human Services to determine our compliance with the privacy law.

Public Health Risks. Your health information may be used or disclosed for public health activities, such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, to track births and deaths, to report reactions to medications or problems with health products, to notify people of recalls of products, or to notify people who may have been exposed to a disease or be at risk of contracting or spreading a disease.

Health Oversight. We may disclose health information to a health oversight agency for activities authorized by law. These health oversight activities include, for example, audits, investigations, inspections and licensure activities.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your health information to members of your family or others involved in your care, if such disclosure is in accordance with good medical practice.

Research. We may use your health information for research purposes provided that an institutional review board or privacy board has reviewed the proposal and has established appropriate safeguards to ensure privacy of your health information.

Serious threat to health or safety. We may use and disclose your health information in the event of an emergency to prevent a serious threat to the health or safety of you or another person. Any disclosure would be made only to someone reasonably able to help prevent the threat.

Organ or Tissue Donation. Your health information may be used or disclosed for purposes of organ or tissue donation as provided by law.

National Security Functions. Your health information may be disclosed for specialized government functions such as the protection of the president or other public officials or for required reporting to military services.

Workers Compensation. Your health information may be used or disclosed for workers compensation or similar programs.

Lawsuits and Disputes. We may disclose health information about you in response to a subpoena, discovery request or other lawful process but only if appropriate efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information if asked to do so by a law enforcement official under certain circumstances, including, but not limited to, reporting criminal conduct, the location of the crime or the victim, in the event of an emergency, to respond to a court order, subpoena warrant, summons or similar process.

Coroner or Medical Examiner. We may release health information about you to a coroner or medical examiner.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the institution or law enforcement official.

Other Permitted and Required Uses and Disclosures. We will make other disclosures of your health information only with your consent or authorization or as required by law. **You may revoke this authorization**, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

2. Your Rights Regarding Your Health Information

You have the following rights regarding your health information maintained by us:

You have the right to inspect and copy your health information. To inspect and copy your health information, you must submit your request in writing by mail or by fax to Dynasplint Systems, Inc. at the address or fax number listed below. If you request a copy of your health information, we may charge a reasonable fee for the costs of copying, mailing and supplies.

Your right to inspect may be limited in some circumstances. For example, your right to inspect and copy may not extend to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, information protected by federal privacy laws, information that is prohibited from being re-disclosed, or information relating to a research project if you have agreed to suspend access in your consent to research. If we deny your request to inspect and copy, we will send you a written explanation that will include an explanation of any review rights you might have.

You have the right to request a restriction on the use or disclosure of your health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare 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 treatment. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. This request must be made in writing and directed to us at the address or fax number listed below.

You may have the right to request an amendment of your health information kept as part of a record set. Your request must be in writing and sent by mail or by fax to Dynasplint Systems, Inc. at the address or fax listed below. We may deny your request under certain circumstances. If we deny your request for amendment, you have the right to file a statement of disagreement with us and that statement will be included as part of your medical record. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of disclosures. You may request an accounting of disclosures we have made of your health information other than disclosures for treatment, payment or health care operations, incidental disclosures, disclosures pursuant to an authorization or certain other required disclosures. You must submit your request in writing to us at the address or fax listed below. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. We may charge you a fee for providing a list of disclosures.

You have the right to file a complaint. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer at the address or telephone number listed below. We will not retaliate against you for filing a complaint.

Changes to this Notice. We reserve the right to change this notice and to make the revised or changed notice effective for all health information we already have about you as well as any information we receive in the future. We will provide a revised notice to you at the time of your next fitting date following the effective date of the revised notice. In addition, you have the right to obtain a paper copy of this notice at any time upon written request to us at the address or fax number listed below. Our current notice will be available on our web site.

State Law Protecting Health Information. This notice reflects the requirements of the federal privacy law and applicable privacy law of the State of Maryland, the location of our main office and your health information. If you receive services in a state other than Maryland, that state may impose other restrictions or requirements on the use and disclosure of health information or may permit you greater access and control over your health information. We will follow the applicable more stringent state law as long as that state law does not conflict with federal law.

Communicating with Us. All communications, complaints or requests for restrictions, amendments or access to records or requests for a copy of a notice of privacy practices should be directed to:

**Dynasplint Systems, Inc.
770 Ritchie Highway, W-21
Severna Park, Maryland 21146-3937
Attn: HIPAA Privacy & Security Officer
Tel. 410-975-4169 / 800-638-6771
Fax: 866-689-9764
www.dynasplint.com**

**Please acknowledge receipt of this notice with your signature on the
Dynasplint Systems, Inc. Patient Use Agreement.**