



HIPAA PRIVACY POLICY NOTICE



This Privacy Policy Notice is intended to inform you regarding how medical information about you may be used and disclosed and how you can obtain your own copy. It is your right to review it carefully. This Notice satisfies requirements of the Health Insurance Portability and Accountability Act (HIPAA). Mobility Prosthetics is committed to protecting your Protected Health Information, which will be referred to, throughout this notice, as "PHI." Mobility Prosthetics will create a medical record about your care in order to ensure that you receive appropriate treatment and to comply with legal requirements. We will need to communicate details about your care to other organizations in order to obtain payment for the services you receive. This Notice will describe ways we use and disclose your PHI. It also outlines your rights and our obligations regarding the use and disclosure of your PHI. You will be asked to provide a signed acknowledgement of receipt of this Notice. The delivery of our services will be contingent upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your PHI for the purposes described above. PHI includes individually identifiable health information related to your past, present, or future physical or mental health or condition and related health care services. It also includes past, present or future payment for health care services. It also includes demographic information such as your age and contact information. Mobility Prosthetics is required by law to make sure that your PHI is kept private, give you this Notice of your rights and our responsibilities related to the use and disclosure of your PHI, follow the terms of this notice and describe how we will communicate any changes to you.

You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice by asking your clinician for a copy at your next appointment, by sending a written request for a paper copy to the Privacy Officer, located at 480 E Winchester Street, Suite 275, Murray, UT 84107, or by sending a request for a paper copy via e-mail to info@mobilityprosthetics.com.

We will disclose your PHI to comply with workers' compensation laws and other legal programs that provide benefits for work-related illnesses and injuries. If you are an inmate of a correctional institution or under the custody of a law enforcement agency, we may release PHI to the correctional institution, if necessary. Some state laws concerning minors permit or require disclosure of PHI to legal guardians. We will comply with the applicable law of the state where the treatment is provided and will make disclosures in accordance with such laws. All other uses and disclosures of your PHI that are not described above will be made only with your written authorization. You may revoke your authorization, at any time, in writing. We cannot take back any use or disclosure we make under the authorization before we receive your written revocation, and we are required to maintain a record of the medical care that we provide. We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance, as required. We may disclose PHI in response to a court order, administrative tribunal, subpoena, discovery request, warrant, similar process authorized by law or for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, to report a death that we suspect may be the result of criminal conduct, to report criminal conduct on our premises or in the event of a medical emergency. We may use or disclose your PHI as part of a "limited data set". A limited data set contains information regarding all or a portion of our patients, with most individual identifiers, except for dates of birth or dates of service and city, state and zip codes, removed. We may use or disclose your Protected Health Information as part of a limited data set for the purposes of research, public health, accreditation, or for quality or other health care operations.



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When we disclose a limited data set to a third party, we will first obtain a written agreement from that party stipulating that it will not re-identify the information or contact the individuals. Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by the Institutional Review Board or a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We may also disclose your PHI to persons who are preparing to conduct a research project provided that they do not remove such information from our premises. We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. We may release PHI about you to authorized federal officials so that they may conduct intelligence, counterintelligence, and other national security activities authorized by law or provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations. Its effective date is at the top and bottom of each page. We reserve the right to make the revised Notice effective for PHI we already have about you, as well as any PHI we create or receive in the future. You may obtain a new Privacy Policy Notice by asking your Clinician for a copy at your next appointment, sending a written request for a copy to the Mobility Prosthetics Privacy Officer at 480 E Winchester Street, Suite 275, Murray, UT 84107, or sending a request for a copy via email to info@mobilityprosthetics.com.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your clinician is ready to see you. If we decide to sell this practice or merge or combine with another practice, we may share your PHI with prospective buyers or new owners. Unless you object, or in the event that you are not present or are incapacitated or in an emergency, we may disclose to a member of your family, a relative, a close friend, or any other person that you identify, your PHI as it directly relates to that person's involvement in your care, or payment for such care. Additionally, we may use or disclose PHI to notify or assist in notifying your family member, your personal representative, or any other person responsible for your care, or your general condition, status and location. We may use or disclose your PHI to any entity assisting in disaster relief efforts so that your family member, your personal representative or other person responsible for your care can be notified about your general condition, status and location. We may disclose your PHI to the extent that it is required by Federal, State or Local law. We may disclose PHI to a health oversight agency for activities authorized by law, such as: audits, investigations, and inspections; licensure and disciplinary actions; and civil, administrative and criminal proceedings or actions. We will use and disclose your PHI to provide, coordinate and manage your care and any related treatment. This includes the coordination or management of your health care with a third party.

You may request and obtain a copy of your PHI for as long as we maintain it in our records. To inspect and copy your PHI, you must submit a written request to the Privacy Officer at 480 E Winchester Street, Suite 275, Murray, UT 84107. We may charge you a fee for the costs of copying, mailing or other costs incurred by us in fulfilling your request. We reserve the right to deny your request as allowed by law. You may have a right to have this decision reviewed by a licensed health care professional. The person conducting the review will not be the person who initially denied your request. We will comply with the decision in any review. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members, relatives, friends or other persons who may be involved with your care, or for notification or disaster relief efforts,



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as described in this Notice. Your request must state the specific restrictions requested and to whom you want the restrictions to apply. Mobility Prosthetics is not required to agree to a restriction that you may request. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction unless it is needed to provide emergency treatment. You may request a restriction by submitting a written request to the Privacy Officer at 480 E Winchester Street, Suite 275, Murray, UT 84107. You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible. You may make this request by submitting a written request to the Privacy Officer. You may request an amendment of your PHI contained in your medical and billing records and any other records that Mobility Prosthetics uses for making decisions about you, for as long as we maintain the PHI. You must make your request for amendment in writing to the Privacy Official and provide the reasons that support your request. We may deny any request that is not in writing or does not state a reason supporting the request. We reserve the right to deny your request for an amendment as allowed or required by law. If we deny your request for amendment, we will do so in writing and explain the basis for the 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.

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by writing or phoning the Mobility Prosthetics Privacy Officer at (801) 997-1367, 480 E Winchester Street, Suite 275, Murray, UT 84107. You may contact the Mobility Prosthetics Privacy Officer for further information about the complaint process or for additional information about any of the other matters identified in this Notice. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary.