



*Precision Orthotics & Prosthetics*

**VIAFIT  
NOTICE OF PRIVACY PRACTICES**

**Effective September 23, 2013**

**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.**

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

We are strongly committed to protecting your medical information, also referred to as “Protected Health Information”. We create a medical record about your care because we need the record to provide you with appropriate treatment and to comply with various legal requirements. We transmit some medical information about your care in order to obtain payment for the services you receive, and we use certain information in our day-to-day operations. This Notice will let you know about the various ways we use and disclose your Protected Health Information. This Notice describes your right and our obligations with respect to the use or disclosure of your Protected Health Information.

**ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

You will be asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your Protected Health Information and your privacy rights. The delivery of our service will in no way be conditioned 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 Protected Health Information for the purposes described in this Notice.

**OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

“Protected Health Information” is individually identified health information. This information relates to your past, present, and future physical or mental health or condition and related health care services; to the past, present or future payment for such health care services; and includes demographic information such as your date of birth, address, or e-mail address. TMC Orthopedic, L.P., dba ViaFit (herein referred to in this document as “ViaFit”) is required by law to do the following:

- Make sure that your Protected Health Information is kept private.
- Give you this Notice of our legal duties and private practices related to the use and disclosure of your Protected Health Information.
- Follow the terms of the Notice currently in effect.
- Describe how we will communicate any changes in this Notice to you.

We reserve the right to change this Notice. Its effective date is at the bottom of every page. We reserve the right to make the revised Notice effective for Protected Health Information we already have on file about you, as well as future Protected Health Information we create or receive. You may obtain another Notice of Privacy Practice by asking a Patient

Liaison or Practitioner for a copy at your next appointment, sending a written request for a copy to ViaFit's Privacy Officer at the address listed below, or sending a request for a copy via e-mail to [Compliance@myviafit.com](mailto:Compliance@myviafit.com).

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The categories below describe the different types of uses and disclosures of your Protected Health Information that we are permitted or required to make. We have also provided some examples of the types of uses and disclosures that fall within a category. However, not every use or disclosure in a category will be listed.

#### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

**Treatment** We may use and 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. For example, we would disclose your Protected Health Information, if necessary, to the physician that referred you to ViaFit. We will also disclose Protected Health Information to other health care providers who may be treating you.

**Payment** We may use and disclose your Protected Health Information in order to bill and receive payment for health care services provided to you. This may include certain actions that your health insurance plan may carry out in prior to approval or payment for the health care services we recommend for you, such as: making a determination of eligibility for coverage for insurance benefits, reviewing services for medical necessity, and utilization review. We may also disclose to your health plan about an orthotic and/or prosthetic device you may receive to obtain prior approval or to determine whether your plan will cover the device.

**Health Care Operations** We may use and disclose your Protected Health Information in association with our business operations. These operations include, but are not limited to, quality assessment and improvement, review and development of clinical guidelines, reviewing the qualifications and performance of practitioners and other health care professional, training activities, legal services and auditing functions, business management, and general administrative activities of our facilities. We may share your Protected Health Information with third party "business associates" that perform various activities for our facilities. For example, we would disclose your Protected Health Information to transcription services, and auditing agencies. Whenever an arrangement between ViaFit and our business associate involves the use or disclosure of your Protected 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 to provide you with information about treatment alternatives or other health-related products and services that you may of interest to you.

**Appointment Reminders** We may use or disclose your Protected Health Information to contact you to remind you of your appointment.

**Sign In Sheets** We may use a sign-in sheet where you will be asked to sign your name. We may also call you by name in the waiting room when your practitioner is ready to see you.

**Sale of the Practice** If we decide to sell this practice or merge with another practice, we may share your Protected Health Information with prospective buyers or new owners.

## **Other Permitted or Required Uses and Disclosures Without Written Authorization**

We may use or disclose your Protected Health Information in the following situations without your authorization:

- Others Involved in Your Health Care
- Required By Law
- Public Health
- Health Oversight Agency
- Abuse or Neglect
- Food and Drug Administration
- Legal Proceedings
- Law Enforcement
- Limited Data Sets
- Serious Threat to Health or Safety
- Military Activity and National Security
- Workers' Compensation
- Inmates
- Parental Access (We will comply with the applicable law of the state where the treatment is provided)

### **Uses and Disclosures upon Written Authorization**

All other uses and disclosures of your Protected Health Information that are not described above will be made only with your written authorization. You may revoke your authorization, at any time, in writing. You understand that we cannot take back any use of 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. With the exception of research-related treatment, we will not condition your treatment on whether or not you sign any authorization.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

### **You Have the Right to Inspect and Copy**

You may inspect and obtain a copy of your Protected Health Information contained in your medical and billing records for as long as we maintain the Protected Health Information.

To inspect and copy your medical information, you must submit a written request to the Privacy Official at the office where we have provided you with health care services, or to the ViaFit Privacy Officer at the address listed below. If you request a copy of your information, we may charge you a fee for the cost of copying, mailing or other costs incurred by us in complying with your request.

We may deny your request in limited situations. For example, you may not inspect or copy psychotherapy notes; or 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 law. Please contact the ViaFit Privacy Officer at the address listed below if you have questions about access to your Protected Health Information.

**Right to Request Restrictions**

You may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment of health care operations. You may also request that any part of your Protected Health Information not be disclosed to family members, relatives, friends or other persons who may be involved in your care for notification purposes as described in this Notice. Your request must state the specific restrictions requested and to whom you want the restriction to apply. *ViaFit 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 Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by submitting a written request to the Privacy Official at the office where we have provided you with health care services, or to the ViaFit Privacy Officer at the address listed below.

**Right to Request Confidential Communications**

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 Official at the office where we have provided you with health care services, or to the ViaFit Privacy Officer at the address listed below.

**Right to Request Amendment**

You may request an amendment of your Protected Health Information contained in your medical and billing records for as long as we maintain the Protected Health Information. You must make your request for amendment in writing to the Privacy Official at the office where we have provided you with health care services, or to the ViaFit Privacy Officer at the address listed below, and provide the reason or reasons that support your request.

We may deny any request. 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. Please contact the Privacy Official at the office where we have provided you with health care services or to the ViaFit Privacy Officer at the address listed below.

**Right to an Account of Disclosures**

This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It also excludes disclosures: to you or your family members, relatives, friends or other person who may be involved in your care, or notification or disaster relief efforts, for National Security or Intelligence Purposes, to correction Institutions or Law Enforcement Officials, for dates that occurred prior to the compliance date requirement of April 13, 2002, for Incidents for use or disclosure otherwise permitted or required as described in this Notice, and as Pursuant to an authorization.

The right to receive an accounting of disclosures is subject to other exceptions, restrictions and limitations. You must submit a written request for disclosures in writing to the Privacy Official at the office where we have provided you with health care services or to the ViaFit Privacy Officer at the address listed below. You must specify a time period, which may not be longer than six years from the date of the request and cannot include any date before April 14, 2003. Your request should indicate the form in which you want the list. You have the right to one free request within any 12-month period, but we may charge you for additional requests in the same 12-month period. We will notify you about the charges you will be required to pay, and you are free to cancel or modify your request in writing before any charges are incurred.

**Right to Obtain a Paper Copy of this Notice**

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 by asking a Patient Liaison or Practitioner for a copy at your next appointment, sending a written request for a copy to ViaFit's Privacy Officer at the address listed below, or sending a request for a copy via e-mail to [Compliance@myviafit.com](mailto:Compliance@myviafit.com).

**COMPLAINTS**

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 the ViaFit Privacy Officer at the address listed below.

ViaFit  
Attn: HIPAA Privacy Officer  
1000 South Loop West, Suite 150  
Houston, TX 77054  
Phone: 713-669-1800 ext 1636  
Email: [Compliance@myviafit.com](mailto:Compliance@myviafit.com)

You may contact the ViaFit 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.