Right to Request Restrictions
You may ask us not to disclose any part of your Protected Health Information for purposes of treatment, payment or health care operations. You may also request that any part of your Protected Health Information not be disclosed to family, relatives, friends or other persons who may be involved with your care, or for notification or disaster relief efforts, as described in this Notice. Your request must state the specific restrictions requested and to whom you want the restrictions to apply.

Hanger Clinic 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 have the right to request a restriction by submitting a written request to the Privacy Official at the address listed below if you have questions about access to your Protected Health Information.

Right to an Accounting of Disclosures
This right only applies for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It also excludes disclosures: (1) to you; (2) to your family members, relatives, friends or other persons who may be involved in your care, or for notification or disaster relief efforts; (3) for national security or intelligence purposes; (4) to correctional institutions or law enforcement officials; (5) that occurred prior to April 13, 2002; (6) made incident to a permitted or required use or disclosure, as described in this Notice; and (7) made pursuant to an authorization. This right to receive an accounting of disclosures is subject to certain exceptions, restrictions and limitations. You must submit a written request for disclosures in writing to the Privacy Official 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. You may request a shorter timeframe. Your request should indicate the form in which you want the list (i.e., on paper, etc.). You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. You will notify you about the charges you will be required to pay, and you are free to withdraw or modify your request in writing before any charges are incurred.

Right to a 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 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 Hanger Clinic Privacy Officer at the address listed below, or by sending a request for a paper copy via e-mail to Legal@hanger.com.

Right to Request Amendment
You may request an amendment of your Protected Health Information contained in our records under certain circumstances, 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. Please contact the Hanger Clinic Privacy Officer at the address listed below if you have questions about access to your Protected Health Information.
We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised Notice effective for all Protected Health Information we already have about you, as well as any Protected Health Information we create or receive or disclose in the future. You may request, and receive, a copy of this Notice without charge by asking your clinician for a copy at your next appointment, sending a written request for a copy to the Hanger Clinic Privacy Officer at the address listed below or sending a request for a copy via email at Legal@hanger.com.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories 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

We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any payment for health care we make. Examples of this category of disclosure are: (1) to provide you with information about your health care; (2) to combine with another clinic, we may share your Protected Health Information to notify or assist in the care or payment for health care services we pay for; and (3) to notify or assist in the care or payment for health care services we provided and will make disclosures in accordance with such law.

Payment: We may use or disclose your Protected Health Information in order to bill and obtain payment for health care services provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend for you, such as: (1) obtaining predetermination or precertification of your service; (2) verifying your eligibility for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also tell your health insurance plan about your treatment and the supplies and equipment we recommend. We may also provide the information to others so that they can receive payment for services provided to you. If we decide to sell this clinic or merge or combine with another clinic, we may share your Protected Health Information with prospective buyers or new owners.

Other Permitted or Required Uses and Disclosures Without Written Authorization

Others Involved in Your Health Care: 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 personal friend, or any other person you identify, your Protected Health Information as it directly relates to that person’s involvement in your Health Care, or payment for such care. Additionally, we may use or disclose Protected Health Information 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 Protected Health Information to a health care clearinghouse as necessary to perform certain billing and electronic data interchange functions.

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.

Public Health: We may use or disclose your Protected Health Information to a public health authority having jurisdiction to: (1) notify a foreign health care provider about a patient who is a resident of another country; (2) notify a public health agency about a patient with a condition that is a reportable disease so that the public health agency can take actions that can prevent or control the spread of or exposure to a communicable disease; (3) comply with worker’s compensation laws or similar laws; (4) comply with provisions of state or federal law that are designed to monitor the quality of care; (5) report deaths due to violent crime, and to report other deaths due to criminal conduct; (6) report法定 jurisdiction of this facility; and (7) comply with legal obligations to report certain births and deaths, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Limited Data Sets: We may use or disclose your Protected Health Information in a limited data set, as defined in the Privacy Rule, to accomplish a public health purpose, as permitted or required by law. We may disclose such limited data sets to a health department, public health agency or governmental entity or agency authorized by law to receive such information.

Uses and Disclosures Upon Written Authorization

Under certain circumstances, we may disclose your Protected Health Information for the purpose of identifying or apprehending an individual. We may also disclose Protected Health Information to a person or company required by the Food and Drug Administration to track products; to track products; to identify or apprehend an individual; or to identify or apprehend an individual. We may also disclose Protected Health Information to law enforcement officials, in response to a court order, a court-ordered subpoena, warrant or summons, or similar process authorized by law. Also, in response to a request to a law enforcement official, we may disclose Protected Health Information for the purpose of identifying or apprehending an individual. Finally, in response to a request to a law enforcement official, we may disclose Protected Health Information in response to a court order, a court-ordered subpoena, warrant or summons, or similar process authorized by law. Also, in response to a request to a law enforcement official, we may disclose Protected Health Information for the purpose of identifying or apprehending an individual.

Other Uses and Disclosures Upon Written Authorization

Right to Inspect and Copy

You may inspect and obtain a copy of your Protected Health Information contained in your medical and billing records and any other records that Hanger Clinic uses for making decisions about you, as long as we maintain the Protected Health Information.

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 and any other records that Hanger Clinic uses for making decisions about you, as long as we maintain the Protected Health Information.