



RITCHIE LIMB & BRACE, LLC
NOTICE OF PRIVACY PRACTICES



RITCHIE LIMB & BRACE, LLC is committed to maintaining the privacy of your protected health information (PHI), while providing high quality medical care. In accordance with the HIPAA regulations you are receiving a full written notice of our privacy practices at your first office visit after April 14, 2003. This notice will explain:

- How **RITCHIE LIMB & BRACE, LLC** may use and disclose your PHI.
- Your privacy rights regarding your PHI.
- Our obligations concerning the use and disclosure of your PHI.

RITCHIE LIMB & BRACE, LLC may use and disclose your PHI for treatment, payment, and health care operations (TPO) as well as other times in order to provide you with excellent service.

You have the right to inspect, copy, and amend your PHI. You have the right to request restrictions on the use of your PHI. You have the right to an accounting of the disclosures of our PHI for other than TPO.

You have the right to complain about alleged violation to this practice's privacy officer and the U.S. Department of Health and Human Services.

RITCHIE LIMB & BRACE, LLC is required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. **RITCHIE LIMB & BRACE, LLC** is required to abide by the terms of the Notice of Privacy Practices currently in effect. **RITCHIE LIMB & BRACE, LLC** reserves the right to change those terms and any changes made will be effective for all medical information we maintain. A copy of a revised notice will be available upon written request.

DISCLOSURES WITHOUT YOUR AUTHORIZATION

RITCHIE LIMB & BRACE, LLC may disclose medical information about you, without your specific authorization:

Disclosures required by law: **RITCHIE LIMB & BRACE, LLC** may be required by federal, state, or local law to disclose your medical information.

Public Health Activities: **RITCHIE LIMB & BRACE, LLC** may disclose your medical information to a public agency, such as the Food and Drug Administration (FDA), if you experience an adverse effect from any of the supplies or equipment w **RITCHIE LIMB & BRACE, LLC** uses.

Victims of Abuse, Neglect, or Domestic Violence: **RITCHIE LIMB & BRACE, LLC** may be required to disclose your medical information if **RITCHIE LIMB & BRACE, LLC** feels that you have been abused or neglected.

Health Oversight Activities: **RITCHIE LIMB & BRACE, LLC** may be required to disclose your medical information to Medicare or a related agency if they select your case for a medical review

Judicial and Administrative Proceedings: **RITCHIE LIMB & BRACE, LLC** may have to disclose your medical information if we receive a subpoena from a judge or administrative tribunal.

Law Enforcement: **RITCHIE LIMB & BRACE, LLC** may have to disclose your medical information in conjunction with a criminal investigation by a federal, state, or law enforcement agency.

Serious Threats to Health or Safety: **RITCHIE LIMB & BRACE, LLC** may be required to disclose your medical information if, in our opinion, doing so will help avert a serious threat to the public.

Military Personnel: **RITCHIE LIMB & BRACE, LLC** may disclose your medical information to the appropriate command authorities.

Worker's Compensation: **RITCHIE LIMB & BRACE, LLC** may disclose your medical information to comply with laws regarding worker's compensation.

You have certain rights with respect to your medical information.



RITCHIE LIMB & BRACE, LLC
NOTICE OF PRIVACY PRACTICES



YOUR RIGHTS

Requesting Restrictions: You may ask us to limit our use or disclosure of your protected health information. **RITCHIE LIMB & BRACE, LLC** is not required to agree to your request, but if **RITCHIE LIMB & BRACE, LLC** agrees to it, **RITCHIE LIMB & BRACE, LLC** will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must: 1) be in writing, 2) describe the information that you want restricted, 3) state if the restriction is to limit use or disclosure, and 4) state to whom the restriction applies.

Confidential Communications: You may ask that **RITCHIE LIMB & BRACE, LLC** to communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing and must tell us how you intend to satisfy your financial responsibility and specify an alternate way that **RITCHIE LIMB & BRACE, LLC** can contact you confidentially. You do not have to give a reason for your request.

Inspect and Copy: You may request access to inspect and copy your medical information maintained in our records, including medical and billing records. Your request must be in writing. **RITCHIE LIMB & BRACE, LLC** will act on your request within 30 days after **RITCHIE LIMB & BRACE, LLC** receives it. If **RITCHIE LIMB & BRACE, LLC** must deny your request, we will send you a written denial. If this happens, you may request a review of the denial. **RITCHIE LIMB & BRACE, LLC** may charge you a fee for this service.

Amendment: You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support the amendment. Your request may be denied if **RITCHIE LIMB & BRACE, LLC** believes that the information is complete and accurate, if the information is not part of the medical information that you would be permitted to inspect or copy, or if **RITCHIE LIMB & BRACE, LLC** did not create the information.

Accounting of Disclosures: You may request a list of disclosures that **RITCHIE LIMB & BRACE, LLC** have made of your medical information over the previous six (6) years. You may not request an accounting for dates of service prior to April 14, 2003. Your first request within a 12-month period is free, but **RITCHIE LIMB & BRACE, LLC** may charge for additional lists within the same 12-month period.

Paper Copy of This Notice: You are entitled to receive a paper copy of our Notice of Privacy Practices. Additional notices may be requested in writing and submitted to the address listed below.

File a Complaint: If you believe that **RITCHIE LIMB & BRACE, LLC** has violated your privacy rights, you may file a complaint directly with us at the address listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for complaining.

Provide an Authorization for Other Uses and Disclosures: **RITCHIE LIMB & BRACE, LLC** will request your written authorization for uses and disclosures of your medical information that are not identified in this notice or permitted by law. You may revoke your authorization at any time in writing.

You may address questions regarding our privacy practices, your privacy rights, or request for additional information regarding your privacy to our privacy officer at the number listed below:

RITCHIE LIMB & BRACE, LLC
ATTN: DAVID A RITCHIE, CPO, LPO
430 FM 306
NEW BRAUNFELS, TEXAS 78130
830.433.9188 OFFICE 830.433.9199 FAX