



**Manfredi
Orthotic
Prosthetic
Affiliates, LLC**

EFFECTIVE APRIL 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

I. INTRODUCTION.

Federal and state law provides you with certain basic rights and protections in connection with the medical information we maintain about you. Manfredi Orthotics & Prosthetic Affiliates (Division of Manfredi Surgical & Orthopedic Co., Inc) is required by law to maintain the privacy of your medical information and to provide you with notice of its legal duties and privacy practices with respect to your medical information. This notice summarizes your rights and the company's duties with respect to your medical information. It describes the complaint process for you to follow if you believe your privacy rights relating to your medical information, please contact the company's privacy office at 732-380-0366. The company is required to abide by the terms of the notice currently in effect.

II. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

A. RIGHT TO INSPECT AND COPY. You have the right to inspect and copy medical information about you. To inspect and copy medical information about you, you must submit your request in writing to the company's privacy office. If you request a copy of your medical information, we may charge a fee for the costs of copying, mailing, and other supplies associated with your request. We may deny all or part of your request to inspect and copy your medical information in certain very limited circumstances. Any denials shall be made in writing, containing a statement concerning your rights, process for a filing a complaint with the company and/or to secretary of the Department of Health and Human Services, 45 C.F.R. If you are denied access to your medical information, you may, under certain circumstances, request that such a denial be reviewed.

B. RIGHT TO AMMEND. If you feel that any of the medical information we have is incorrect or incomplete; you may ask us to amend such information. Request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to Privacy Officer or the Privacy Officer's designee. In addition, you must provide a reason that supports the request amendment. We may deny your request for an amendment if it is not in writing, or, does not include a reason to support the amendment. In addition, we may deny your request if you ask to amend information that:

Administrative Office

749 Hope Road, Eatontown NJ 07724
Toms River Office - 9 Hospital Drive, Suite 15B Toms River, NJ 08755
(732) 380-0366 • Fax: (732) 380-0245 • www.manfredioandp.com





**Manfredi
Orthotic
Prosthetic
Affiliates, LLC**

1. Was not created by us, unless you provide a reasonable basis to demonstrate that the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for the company;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

C. RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to, receive an accounting of certain disclosures of your medical information made by us in the six year prior to the date on which the accounting is requested, starting from April 14, 2003 (the compliance date of the HIPPA Privacy Standards). Such right to accounting, however, does not extend to disclosure otherwise permitted or required for treatment, payment and health care operations, for the patient directory, to family members or friends involved in your care, for notification purpose, for national security or intelligence purpose, to correctional institutions or law enforcement officials in custodial situations, or as part of a limited data set in accordance with applicable law. To request an accounting of disclosures, to which you are entitled, you must submit your request in writing to the Company's Privacy Office. Your request must state a time period before April 14, 2003. Your request should indicate in what form you want the list. The first list you request with any consecutive 12 month period will be free. For additional list, we may charge a fee, we will notify you of the cost involved and will give you an opportunity to withdraw or modify your request before any cost is incurred.

D. RIGHT TO REQUEST RESTRICTIONS. You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care of the payment for your care. For example, you would ask that we not use or disclose information to a relative about a prosthetic for which you were fitted. Although the company is not required to agree to your request, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In addition, restriction agreed to by the company is not effective to prevent uses or disclosures permitted or required below:

III. USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION.

A. Uses and Disclosures of Medical Information that DO NOT REQUIRE your consent or authorization. Following are examples of the types of uses and disclosures of your

Administrative Office

749 Hope Road, Eatontown NJ 07724

Toms River Office – 9 Hospital Drive, Suite 15B Toms River, NJ 08755

(732) 380-0366 • Fax: (732) 380-0245 • www.manfredioandp.com





**Manfredi
Orthotic
Prosthetic
Affiliates, LLC**

B. Protected medical information that the company is permitted or required by law to make without your consent or authorization.

1. Treatment
2. Payment
3. HealthCare Operations
4. Required by Law
5. Public Health
6. Food and Drug Administrations
7. Communicable Diseases
8. Abuse and Neglect
9. Health Oversight
10. Judicial and Administrative Proceedings
11. Law Enforcement
12. Coroners, Funeral Directors, and Organ Donation
13. Research
14. Serious Threat to Health of Safety
15. Military Activity and National Security
16. Workers Compensation
17. Inmates
18. Required Uses and Disclosures
19. Appointment Reminders
20. Treatment Alternatives
21. Health Related Benefits and Services

C. USES AND DISCLOSURES TO WHICH YOU HAVE THE OPPORTUNITY TO OBJECT.

We may use or disclose your medical information for any of the purpose described in this section unless you affirmatively object to or otherwise restrict a particular release.

1. Others involved in your Healthcare: unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information that directly related to the person's involvement in your health care.

D. USES AND DISCLOSURES OF MEDICAL INFORMATION THAT REQUIRE YOUR

AUTHORIZATION. Other uses and disclosures of your medical information not covered by the preceding categories will be made only with your written authorization. You may revoke this authorization at any time, in writing except to extent that the company has already taken action.

Administrative Office

749 Hope Road, Eatontown NJ 07724

Toms River Office – 9 Hospital Drive, Suite 15B Toms River, NJ 08755
(732) 380-0366 • Fax: (732) 380-0245 • www.manfredioandp.com





**Manfredi
Orthotic
Prosthetic
Affiliates, LLC**

IV. CHANGES TO THIS NOTICE.

The company reserves the right to change, modify or otherwise revise this notice at any time. In addition, the company reserves the right to make the revised or changed notice effective for the medical information we already have about you as well as any information we receive in the future. We will post and copy of the current notice in our offices. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, the company shall provide you with a copy of the revised notice during the next time you visit our office or when we provide services to you or by mail.

V. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with us or the secretary of the Department of Health Services. To file a complaint with us, contact the Company's Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Neither the Company nor any of its personnel shall retaliate against you for filing such a complaint.

VI. CONTACT INFORMATION.

Administrative office information is located below.

Administrative Office

749 Hope Road, Eatontown NJ 07724

Toms River Office – 9 Hospital Drive, Suite 15B Toms River, NJ 08755
(732) 380-0366 • Fax: (732) 380-0245 • www.manfredioandp.com

