

FITTINGS BY MICHELE, INC
Notice of Privacy Practices

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

PLEASE REVIEW THIS INFORMATION CAREFULLY.

Understanding Your Health Record:

A record is made each time you visit a physician, hospital, or other health care provider. Your symptoms, examination and test results, diagnoses, treatment, and a plan for future care are recorded. This information is most often referred to as your **"health or medical record,"** and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health care professionals who may contribute to your care. Understanding what information is retained in your medical record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others.

Understanding Your Health Information Rights:

Your medical record is the physical property of the health care practitioner or facility that compiled it but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your medical record. Your rights include being able to review or obtain a paper copy of your health information, and to be given an account of all disclosures. You may also request communications of your health information be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information.

Our Responsibilities:

This medical practice is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This medical practice is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations.

Notice of Privacy Practices:

This medical practice reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient medical information. In the event that changes are made, this office will have an update posted. You may request a copy be sent to you by calling our office: 410 255 0800. Other than for reasons described in this notice, this office agrees not to use or disclose your health information without your authorization.

To Receive Additional Information or Report a Problem:

For further explanation of this notice, you may contact, Michele Owens, our Medical Practice Administrator at 410 255 0800. If you believe your privacy rights have been violated, you have the right to file a complaint with our Medical Practice Administrator and /or with the Secretary of Health and Human Services with no fear of retaliation by this medical practice.

Your health information will be used for treatment, payment, and health care operations:

Treatment – Information obtained by your health care provider in this medical practice will be recorded in your medical record and used to determine the most appropriate products and services for you. The sharing of your health information may progress to others involved in your care, such as physicians, other medical professionals, social workers, and caregivers for further treatment. Measurements and pertinent medical information may be disclosed to manufacturers for custom garments.

Payment – Your health care information will be used in order to receive payment for services rendered by this medical practice. A statement may be sent to either you or a third party payer with accompanying documentation that identifies your diagnoses, procedures performed and products received.

Health Care Operations – The staff in this medical practice will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care, products, and services we provide.

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Understanding our office policy for specific disclosures:

Business Associates – Some or all of your health information may be subject to disclosure through contracts for services to assist this medical practice in providing health care. To protect your health information, we require these Business Associates to follow the same standards held by this medical practice through terms detailed in a written agreement.

Notification – Your medical record may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance your well-being.

Communication with Family – Using best judgment, a family member, or close personal friend, identified by you, may be given information relevant to your care and/or recovery.

Product Warranties – Your name, address, and product style and size information may be sent to manufacturers for product warranty registration.

Marketing – This medical practice reserves the right to contact you with information about other products, services and other health-related benefits that may be appropriate to you. We will also notify you of upcoming sales and events and send you notices to remind you to schedule an appointment.

Phone Contact – At times it may be necessary to contact or leave a message for you regarding an appointment, product, service or order. If you have any restrictions as to how, where, when, what or with whom we can or cannot leave a message please state this in the comment section at the end of this document.

Food and Drug Administration (FDA) – This medical practice is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products and product defects for surveillance to enable product recalls, repairs, or replacements.

Worker's Compensation – This medical practice will release information to the extent authorized by law in matters of worker's compensation.

Public Health – This medical practice is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This medical practice is further required by law to report communicable disease, injury, or disability.

Correctional Facilities – This office will release medical information on incarcerated individuals to correctional agents or institutions for the necessary welfare of the individual. The rights outlined in this Notice of Privacy Practices will not be extended to incarcerated individuals.

Law Enforcement – (1) Your health information will be disclosed for law enforcement purposes as required under state law or in response to a valid subpoena. (2) Provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys in the event that a staff member or business associate of this office believe in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more patients, worker, or the general public.