

IAM O&P, Inc.
Orthotic & Prosthetic Services

Privacy Practices for Patients

Our Privacy Practices inform patients how we may use and disclose protected health information in any of the following instances for purposes of treatment, payment and other insurance related matters. Patient will receive our Privacy Practices at Initial Visit and when updates are made. These Privacy Practices will be available upon request and on our Company website.

IAM O&P, Inc may use and disclose protected Health Information in the following instances:

- For reasons related to treatment, which includes but is not limited to, providing evaluations and consultation, submission of referrals between ours and other health care providers, fitting of a new product or implementing a health care program or regimen. We also may share information with other professionals involved in the patients care.
- For reasons related to insurance payment and claims, such as verifying eligibility and benefits, managing and submitting of claims or other collections.
- For reasons related to management of our business, including quality assessment and assurance, auditing of financials and functions related to management of our business and customer satisfaction. An example of this is periodic auditing of client documentation in the personal health record as it pertains to services provided.
- For reasons related to sharing of information with immediate family members, guardians or authorized parties as required for the patient's health, safety and as it pertains to services being provided.
- For reasons related to appointment confirmations and scheduling or information provided about treatment and service options.
- For reasons related to Centers of Disease Control and other public health authorities for the purposes of collecting information for preventing and controlling disease, injury or disability.
- For reasons related to Social Service Agencies who are required by law to receive reports of abuse, neglect or domestic violence.
- For reasons related to Legal proceedings where a subpoena is issued in circumstances of lawsuit as well as to Law Enforcement in cases of reporting of wounds and for purposes of locating a fugitive or witness.
- For reasons related to medical emergencies or to a medical examiner in case of identifying a deceased individual. Medical Emergencies may include information being shared when necessary to lessen or prevent a serious injury or imminent threat to the individual's health and safety. Information will only be shared with a person or agency that is able to help prevent the threat or protect the target of the threat.
- For reasons related to national security, in the case where the patient is a member of U.S. or foreign military forces. Information may be disclosed to an authorized official for lawful intelligence, activities and investigations as required by the National Security Act.
- For reasons related to workers compensation and like programming.

IAM O&P, Inc. will not release any personal health information for any other reasons than listed above, without written consent from the patient. If circumstances arise and we are requested to share protected information, we will contact the patient immediately and obtain written consent.

WARRANTY

The warranty period for custom orthoses and prostheses is three months for workmanship and materials. Although IAM Orthotics and Prosthetics cannot be responsible for physiological or anatomical changes in the patient's medical condition, we will attempt to maintain proper fit during this period. Normal adjustments to enhance fit will be made at the discretion of the practitioner at no charge for a period of up to one year. Additions of components, straps, lifts, etc. prescribed by a physician will incur a charge. There will be a separate charge for adjustments or repairs that are made as the result of abuse or tough wear, as may occur from sporting, vocational, or unusual activities.

Since orthoses and prostheses are prescribed by the direction of a physician, and are custom fabricated for the anatomy and medical condition of each individual, they cannot be returned for credit or refund. Prescribed "off the shelf" items cannot be returned for hygienic reasons.

Please communicate any problems or discomfort you are experiencing to your practitioner immediately to allow us to resolve these problems as efficiently and quickly as possible. We will make every attempt to meet your needs. Please contact the Clinical Manager if there is a question or concern that your practitioner cannot resolve for you. Thank you.

PAYMENT AND POLICY AGREEMENT

To prevent any misunderstanding about medical insurance, we wish to point out that: (1) Payment for all medical services furnished are the responsibility of the patient; (2) Deductibles and/or co-payments are due at the time services are rendered; (3) Fifty percent(%50) of the balance for non-covered custom made devices is due at the time of cast and measure, with the balance due at the time of delivery; (4) IAM Orthotics & Prosthetics will bill your insurance company as a courtesy to you, however, IAM is not responsible for non-payment from the insurance company; (5) If, due to unforeseen circumstances, additional procedures and/or treatments are necessary beyond what has been previously approved, patients must make arrangements for payment; (6) Patients are expected to keep their accounts current while waiting for their insurance company to remit payment.

Your insurance coverage is a contract between you and your insurance company to help you meet medical expenses. Insurance Benefits can vary greatly; it is not possible for IAM Orthotics and Prosthetics to provide services on the basis that your insurance company will pay all charges. IAM can in no way guarantee coverage. Benefits are determined by your insurance at the time your claim is processed. All benefit calculations are only an estimate, based on information obtained from your insurance company. The actual final Total Patient's Responsibility may be different than what was previously calculated by IAM Orthotics and Prosthetics. Payments may be made by check, cash, or money order. A \$20.00 fee will be assessed for any returned checks.

URGENT CARE

IAM Orthotics and Prosthetics is aware of the importance of our patient's wearing of the orthosis or prosthesis that has been provided. In the event that an orthosis or prosthesis is in the need of immediate repair, it will receive the highest priority and every effort will be made to repair or replace the device as soon as possible. In the event that an urgent need arises concerning your orthosis or prosthesis please call the office during normal business hours. However if it is of extreme circumstances we can be reached on the emergency telephone line by leaving a message and someone will return your call promptly, this number is found on our voicemail messaging service.