

NOTICE OF PRIVACY PRACTICES

FOR HORIZON PROSTHETICS, LLC

6055 Lehman Drive, Suite 104 COLORADO SPRINGS, CO 80918 (P) 719-266-0949 (F) 719-266-0941

Effective Date: 1/21/2007

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individual identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. Horizon Prosthetics, LLC is required by law to maintain the privacy of your protected health information and to provide you with the notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of January 21, 2007 and Horizon Prosthetics, LLC is required to abide by the terms of the privacy practices currently in effect. This Notice of Privacy Policies is available electronically on our website; www.horizonprosthetics.com or you may request an electronic copy through e-mail. A request must be submitted to our Privacy Officer if you wish to obtain an electronic copy of this notice. We reserve the right to change the terms of our privacy practices at any time. The changes will be effective for all protected health information we maintain. If changes take place, a revised Notice of Privacy Practices will be available immediately.

Horizon Prosthetics, LLC understands the importance of your privacy and we uphold a high standard of confidentiality for your protected health information. Horizon Prosthetics, LLC will create and maintain a medical record for each client regarding the specifics of their care. This medical record is the property of the facility and will be used to provide the highest quality of service possible.

The following paragraphs outline different ways in which information in your medical record will be used.

With regards to Treatment: Your protected health information is obtained for use and disclosure in order to provide your care. Your protected health information may be disclosed to others involved in your treatment. As an example, your protected health information may be disclosed to physicians or other healthcare providers of services not provided by Horizon Prosthetics, LLC regarding consultation or referral for your treatment. Your protected health information may be disclosed to your family members, your personal representative, or another person responsible for your care to notify them or assist in notifying them of your condition and/or treatment. Disclosure of your protected health information may occur with associates from our prosthetic manufacturers who help us implement your treatment plan. At times, we may use information about your treatment for encouragement or education of other patients; however, you will not be individually identified unless you provide a written agreement for such disclosure.

With regards to Payment: Your protected health information will be used and disclosed for the purpose of obtaining your eligibility and coverage under an insurance health plan. Horizon Prosthetics, LLC will also use your protected health information to receive payment for services rendered. For example, we may send a bill to you and/or a third-party payer, such as an insurance company, for services rendered.

With regards to Health Care Operations: At times, during and after your treatment with Horizon Prosthetics, LLC, your protected health information may be used and disclosed in the operations of our organization. We may use your protected health information to assess the quality of our services. These reviews help our organization make necessary changes so that we may provide the highest quality of service possible. Your protected health information may be shared with our business associates, such as a health care clearinghouse which translates claims to third-party payers for Horizon Prosthetics, LLC. We obtain a written contract with each business associate which explains the terms for keeping your protected health information confidential.

With regards to General Communication Standards: Information about you may be used and disclosed by having you sign in when you arrive at the office. We will contact you the day before your scheduled appointment to confirm/remind you of your appointment time. All contact numbers for you will be attempted and a message regarding the appointment will be left at all applicable numbers. We may disclose protected health information about you when we leave a message on your answering machine, voicemail, or with whoever answers the phone. We may also contact you to provide information about treatment options, events associated with your medical condition, or other health-related benefits and services which may be of interest to you. In case of an emergency, we may disclose your protected health information, even with your objection, if we believe the information is necessary for emergency response. All other uses and disclosures, except those outlined in this notice, will be made only with your written consent. At any time, you may revoke such consent in writing and we are required to honor and abide by the written request, except to the extent that we have already taken actions based on your original consent.

With regards to Marketing: Horizon Prosthetics, LLC may contact you about products or services related to your treatment, or to recommend alternative treatments which may be of interest to you. At any time we may encourage you to purchase a product or service related to your treatment which we believe is in your best interest. We will at no time use or disclose your protected health information for marketing purposes without your written consent. At any time, you may revoke such consent in writing and we are required to honor and abide by the written request, except to the extent that we have already taken actions based on your original consent.

Contact Information for Privacy Officer: 719-266-0949 6055 Lehman Drive, Suite 104 Colorado Springs, CO 80918

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If at any time in the future, Horizon Prosthetics, LLC is purchased by, or merged with, another organization; your protected health information will become property of and maintained by the new ownership.

With regards to Research: At times, Horizon Prosthetics, LLC may be involved in research for the purpose of expanding technologies of the prosthetic field or related fields. Your protected health information may be used or disclosed for research purposes when an Institutional Review Board or privacy board has approved the research proposal and clarified protocols to ensure the privacy of the protected health information needed to perform such research.

Required by Law: Horizon Prosthetics, LLC may use or disclose your protected health information as required by law. Your protected health information may be used or disclosed;

- To a public health authority that is authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability; or the information is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- To a public health authority or other government authority authorized by law to receive reports of child abuse or neglect, or other types of abuse, neglect or domestic violence.
- To a health oversight agency during the course of audits, investigations, inspections, licensure or disciplinary actions, or other proceedings which are subject to federal and state law.
- To a law enforcement official for a law enforcement purpose; such as judicial or administrative proceedings, investigation requiring information for identification or location purposes, for information of an individual who is suspected to be a victim of a crime, information regarding an individual's death or evidence related to a criminal act believed to have occurred on the premises of our facility.
- To a law enforcement official, if you are involved in a legal dispute or lawsuit; in response to a court order or court ordered warrant, a subpoena, or administrative request or similar process authorized under law.
- For specialized government functions; such as military or veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations.
- To comply with law relating to workers' compensation or other similar programs, established by law, that provided benefits for work-related injuries or illness without regard to fault.

It is important that you know you have the following rights with respect to your protected health information.

You have the right to:

- Obtain a paper copy of this notice from Horizon Prosthetics, LLC upon request.
- Request restrictions on certain uses and disclosures of your protected health information for treatment, payment, or health care operations; including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you.
- Reasonable requests to receive confidential communications from Horizon Prosthetics, LLC either at alternative locations or by alternative means.
- Inspect and/or obtain copies of your protected health information which we maintain. Horizon Prosthetics, LLC does reserve the right to impose a reasonable, cost-base fee, for the requested copied information.
- Amend your protected health information maintained by Horizon Prosthetics, LLC.
- Receive an accounting of disclosures of protected health information made by Horizon Prosthetics, LLC.

If, at any time, you wish to exercise any of your protected health information rights, please provide a written request to our Privacy Officer. Again, Horizon Prosthetics, LLC, understands the importance of your protected health information and we agree to review and process all written requests in a timely manner. Horizon Prosthetics, LLC is, however, not required to agree to an individual's request for a restriction, but is bound by any restrictions with which it agrees. If your request is denied, you will receive a written denial from Horizon Prosthetics, LLC.

If at any time you feel your privacy rights have been violated, please contact our Privacy Officer immediately. A written statement explaining how you believe your rights have been violated must be sent to our Privacy Officer for review. Horizon Prosthetics, LLC takes privacy violations very seriously and there will be no retaliation against you for filing a complaint.

Once you have received and reviewed this Notice of Privacy Practices, Horizon Prosthetics, LLC is required to obtain your consent of protected health information disclosures as described in this notice. Your consent is requested on our Notice of Privacy Practices Acknowledgment Form. If we are unable to obtain consent from you, we are required to document the reason for failure to obtain consent.

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