DEL BIANCO
PROSTHETICS & ORTHOTICS

Apex and Raleigh Clinics
Phone: 919-267-5284
Fax: 888-635-6138

Welcome to Del Bianco Prosthetics and Orthotics and thank you for choosing us to care for your needs. This booklet contains important information about receiving care from Del Bianco Prosthetics and Orthotics. Please review the materials contained herein and ask our team any questions you may have. After you have reviewed and understand our policies please sign and date the patient registration form.

Contents

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Our Mission

Del Bianco Prosthetics and Orthotics is committed to caring for our patients by providing superior prosthetic and orthotic services and helping them return to the lifestyle and activities they enjoy. We are prepared to help you step back into life!

Patient Rights

Access to Care – Patients are accepted by DPO without regard to race, religion, gender, sexual orientation, national origin, disability, or source of payment.

Respect and Dignity – All patients have a right to be cared for with respect and dignity by members of the DPO team and for that care to be considerate of their cultural, psychological, personal, or other unique needs. Patients have the right to refuse to be observed or cared for by anyone other than those directly related to their care.

Information and Participation in *Decision Making* – The decision-making process regarding patient care and the treatment plans outlined are a critical aspect of the care DPO provides. Patients have the right to be informed of the decision-making process and how it relates to their care and to ask questions about the proposed treatment plan. The right to refuse a treatment plan or prescribed item also remains a right of the patient. Patients have the right to be educated regarding the decisions being made by DPO and informed of the implications of the decisions they may make concerning care received. Patients have the right to be educated regarding the wear and care of the items they receive from DPO. Patients have the right to access their medical records in accordance with DPO's privacy policies. Patients also have the right to be provided a service estimate for care to be provided and access to financial obligation information.

Conflict Resolution – Patients have the right to share complaints about their care with DPO and to have those complaints reviewed and, when possible, resolved in a timely manner. Patients having a conflict or complaint may contact in writing or by phone the manager of DPO. The address to send a written complaint is Del Bianco Prosthetics & Orthotics 1031 W. Williams St. Suite 104, Apex, NC 27502. The phone number to voice a complaint over the phone is 919-267-5284. Please ask for the manager on the phone or address your complaint letter to the manager of Del Bianco P&O. Please leave your contact information with DPO and attempts to contact you will be made within 5 days of receiving the complaint.

Privacy and Confidentiality – Patients have the right to be made aware of DPO's privacy policy regarding their protected health information. Patients also have the right to be cared for in a secure environment free from abuse or harassment. Patients have a right to obtain a copy of DPO's privacy policy if they desire.

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Patient Responsibilities

Respect and Dignity – Patients have the responsibility to treat DPO staff, premises, and other patients with respect and care.

Protecting Others from Communicable Illness and Infection – Patients have the responsibility to protect the health of others by informing DPO of any communicable illness or infection so that proper safety precautions can be taken. If need be appointments can be rescheduled until your health returns.

Information and Participation in Decision Making – Patients have the responsibility to provide complete and accurate information to DPO with respect to their medical history and present condition. Patients have the responsibility to communicate any concerns about a proposed treatment plan and to communicate with DPO so that an optimum outcome can be achieved. Patients also have the responsibility to follow the care and initial adjustment phase instructions provided by DPO regarding the item they receive.

Meeting Financial Obligations – Patients have a responsibility to meet financial obligations promptly for care received by DPO in accordance with DPO's financial policy. Patients have the responsibility to review and ask questions, if needed, regarding DPO's financial policy.

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Financial and Payment Policy

We understand the importance of cost-effective care and we will strive to provide you with the most cost-effective solution. We will also make you aware of your financial responsibility before moving forward with your care.

We do this by providing free consultations, verifying your insurance benefits, obtaining any authorizations necessary, and filing your claim for you. During the authorization process we may need your assistance to obtain forms required for authorization from your physician or insurance company.

A service estimate will then be provided that will give you an idea of the expected cost of your care. The estimate may change if during the course of receiving your care the treatment plan changes as directed by your doctor or your insurance carrier determines your items to be non-covered services. Insurance companies will not guarantee payment even after verifying and authorizing us to provide care to you.

Payment Options

We accept Visa, MasterCard, American Express, and Discover credit and check cards. This is our preferred method of payment. We will also accept checks or cash. This payment can be made in person at our clinics, over the phone, and on our website.

Personal checks are accepted for amounts greater than 500 dollars. If a check is returned/bounces, there will be an additional 25-dollar fee. Certified checks will be accepted for amounts less than 500 dollars.

The cost associated with the device(s) covers all clinic visits, the device itself, and 3 months of follow-up care. We offer monthly payment plans based on the total amount you owe at the time of delivery.

Our payment plans are as follows:

For amounts less than $500, a payment will be needed as deposit in order to start fabrication /ordering of your device and any remaining balance will be due upon delivery.

For balances of $500-$1200, a 3-month payment plan may be made with your first payment due as a deposit in order to start fabrication/ordering of your device and the second payment will be due upon delivery. A payment plan agreement form will need to be completed for the last payment.

For balances greater than $1200.00, a specialized payment plan will be discussed with you by a Del Bianco team member.

****some specialty devices that are non-covered by insurance may require an additional upfront cost****

Any balances or payment plans not paid within 60 days will incur a 1.5% fee and after 90 days of the invoice date/payment plan date the balance will be sent to collections.

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We are prepared to help you understand your insurance coverage and answer any questions you may have about the payment process. Don't hesitate to ask questions. We are here to serve you.

Insurance Coverage

1. Patients with insurance companies with whom DPO is in-network
    a. You will be charged the usual and customary rate for our services and receive the discount that applies to our contract with your insurance company. You will be responsible for meeting your deductible and your coinsurance or other obligations dictated by your insurance company. We abide by each insurance company's guidelines and those guidelines supersede our policy when we are a participating provider.

2. Patients with insurance companies with whom DPO is out-of-network
    a. You will be charged the usual and customary rate for our services, and we will provide you with a discount based on your in-network benefits.

3. Patients without insurance or receiving non-covered items
    a. You will receive a discount from our usual and customary charge as a courtesy to bring the cost of your care in line with those who have insurance.

We are prepared to help you understand your insurance coverage and answer any questions you may have about the payment process. Don't hesitate to ask questions. We are here to serve you.

Warranty, Return, and Refused Item Policy

DPO is built on principles of integrity and attention to detail. We believe you will notice this in the fit and craftsmanship of the item you receive. Many of the items we provide are custom made here in our facility and some are ordered from suppliers that DPO has found to be among the best in the industry. We warranty the items that we provide, and you will find our policy relating to this below.

Warranty Policy

1. Prostheses and orthoses (braces) fit by DPO have a warranty period of 3 months from the date of delivery of the item. The warrantee guarantees the proper fit, function, and comfort of the item received. All follow-up, adjustments, and repairs during this time period are covered under the original charge for the item. This warrantee covers normal use for devices fit by DPO and does not cover improper fitting devices due to physiologic changes such as significant weight gain after the fitting. The warranty also does not cover broken or damaged devices due to rough and abusive use beyond what the device is intended for.

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2. Any alterations or adjustments made by persons or groups other than DPO that result in damage or improper function or fit of devices provided by DPO are not covered by this warrantee.

Return Policy

1. We accept returns of substandard (less than full quality of the particular item) or unsuitable items (inappropriate for the individual at the time it was fit) from patients (see Medicare Supplier Standard 15). While we accept returns based on the above criteria, it is our mission never to deliver an item that meets this description. The day you receive an item you will have proof of delivery form that you will sign to say that you have received the item, it meets the doctor's prescription, and that you are satisfied with the fit. Do not sign this form unless you are completely satisfied.
2. Custom made or custom fit items that are delivered to a patient that are of full quality and suitable are not returnable. These items are subject to our warranty, however, and we will make every attempt, and even remake if needed, your item if it is not comfortable and functional.
3. Off the shelf items that are delivered to a patient that are of full quality and suitable are not returnable if they have been worn or used by the patient for hygiene reasons. If the item has not been used and can be returned to the manufacturer a return and credit can be applied.

Please contact us immediately if you have any concerns about an item, we provided to you. We want you to be comfortable and succeed, and we have many options to adjust or refine your items to meet your needs.

NOTICE OF PRIVACY PRACTICES

Effective May 8, 2010

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.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

We are strongly committed to protecting your medical information, also referred to as "Protected Health Information". We create a medical record about your care because we need the record to provide you with appropriate treatment and to comply with various legal requirements. We transmit some medical information about your care in order to obtain payment for the services you receive, and we use certain information in our day-to-day operations. This Notice will let you know about the various ways we use and disclose your Protected Health Information. This Notice describes your rights and our obligations with respect to the use or disclosure of your Protected Health Information.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

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You will be asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your Protected Health Information and your privacy rights. The delivery of our services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your Protected Health Information for the purposes described in this Notice.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

"Protected health information" is individually identifiable health information. This information relates to your past, present, or future physical or mental health or condition and related health care services; to the past, present or future payment for such health care services; and includes demographic information such as your age, address or email address. Del Bianco Prosthetics and Orthotics is required by law to do the following:

• Make sure that your Protected Health Information is kept private.

• Give you this Notice of our legal duties and privacy practices related to the use and disclosure of your Protected Health Information.

• Follow the terms of the Notice currently in effect.

• Describe how we will communicate any changes in this Notice to you.

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised Notice effective for Protected Health Information we already have about you, as well as any Protected Health Information we create or receive in the future. You may obtain another Notice of Privacy Practices by asking your practitioner for a copy at your next appointment, sending a written request for a copy to Del Bianco Prosthetics and Orthotics at the address listed below, or sending a request for a copy via email to:

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different types of uses and disclosures of your Protected Health Information that we are permitted or required to make. We have also provided some examples of the types of uses and disclosures that fall within a category. However, not every use or disclosure in a category will be listed.

Uses and Disclosures for Treatment, Payment and Health Care Operations

Treatment

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We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party. For example, we would disclose your Protected Health Information, as necessary, to the physician that referred you to us. We will also disclose Protected Health Information to other health care providers who may be treating you.

Payment

We may use and disclose your Protected Health Information in order to bill and obtain payment for health care services provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also tell your health plan about an orthotic or prosthetic device you are going to receive to obtain prior approval or to determine whether your plan will cover the device.

Health Care Operations

We may use or disclose your Protected Health Information in connection with our business operations. These operations include, but are not limited to, quality assessment activities, development of clinical guidelines, reviewing the qualifications and performance of practitioners and other health care professionals, training activities, legal services and auditing functions, business planning and development and business management and general administrative activities of our facilities. We may share your Protected Health Information with third party “business associates” that perform various activities (e.g., collections, transcription services) for our facilities. Whenever an arrangement between our facility and our business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected Health Information.

Treatment Alternatives

We may use or disclose your Protected Health Information to provide you with information about treatment alternatives or other health-related products and services that may be of interest to you.

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Appointment Reminders

We may use or disclose your Protected Health Information to contact you to remind you of your appointment.

Sign-In Sheets

We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your practitioner is ready to see you.

Sales of the Practice

If we decide to sell this practice or merge or combine with another practice, we may share your Protected Health Information with prospective buyers or new owners.

Other Permitted or Required Uses and Disclosures Without Written Authorization

Others Involved in Your Health Care

Unless you object, or in the event that you are not present or are incapacitated or in an emergency, we may disclose to a member of your family, a relative, a close friend, or any other person that you identify, your Protected Health Information as it directly relates to that person's involvement in your health care, or payment for such care. Additionally, we may use or disclose Protected Health Information to notify or assist in notifying your family member, your personal representative, or any other person responsible for your care, of your general condition, status and location. Finally, we may also use or disclose your Protected Health Information to an entity assisting in disaster relief efforts so that your family member, your personal representative or other person responsible for your care can be notified about your general condition, status and location.

Required By Law

We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by Federal, State or local law.

Public Health

We may disclose your Protected Health Information for public health activities to public health authorities who are legally authorized to receive such information. These activities include, but are not limited to, preventing or controlling disease, injury or disability; reporting vital events; and conducting public surveillance, public health investigations, and public health interventions, including notifying persons who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight

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We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections; licensure and disciplinary actions; and civil, administrative and criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and compliance with the civil rights laws.

Abuse or Neglect

We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your Protected Health Information to a governmental entity or agency authorized by law to receive reports of abuse, neglect or domestic violence, including a social service or protective services agency. We will only make this disclosure if you agree or when required or authorized by law.

Food and Drug Administration

We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems or biologic product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance, as required.

Legal Proceedings

We may disclose Protected Health Information about you in response to an order by a court or administrative tribunal. We may also disclose Protected Health Information about you in response to a subpoena, discovery request or other lawful process by a party to a judicial or administrative proceeding, but only if efforts have been made to notify you about the subpoena, discovery request or lawful process, or to obtain an order from the court or administrative tribunal protecting the information requested.

Law Enforcement

We may disclose your Protected Health Information in response to a court order, a court-ordered subpoena, warrant or summons, or similar process authorized by law. Also, in response to a request from a law enforcement official, we may disclose Protected Health Information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or pertaining to a known or suspected victim of a crime. Finally, we may disclose Protected Health Information to a law enforcement official: (1) to report a death that we suspect may be the result of criminal conduct; (2) to report criminal conduct on our premises; or (3) in the event of a medical emergency (not on our premises), to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Limited Data Sets

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We may use or disclose your Protected Health Information as part of a "limited data set". A limited data set contains information regarding all or a portion of our patients, with most individual identifiers, except for dates of birth or dates of service and city, state and zip codes, removed. We may use or disclosure your Protected Health Information as part of a limited data set for the purposes of research, public health, accreditation, or for quality or other health care operations. When we disclose a limited data set to a third party, we will first obtain a written agreement from that party stipulating that it will not re-identify the information or contact the individuals.

Research

Under certain circumstances, we may disclose your Protected Health Information to researchers when their research has been approved by an Institutional Review Board or a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information. We may also disclose your Protected Health Information to persons who are preparing to conduct a research project provided that they do not remove such information from our premises.

Serious Threat to Health or Safety

We may use and disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Under certain circumstances, we may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security

If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority. Finally, we may release Protected Health Information about you to authorized federal officials so that they may: (1) conduct intelligence, counter-intelligence, and other national security activities authorized by law; or (2) provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

Workers Compensation

We may disclose your Protected Health Information as authorized to comply with workers compensation laws and other similar legally established programs that provide benefits for work-related illnesses and injuries.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official if necessary: (1) for provision of health care to you; (2) to protect your health and safety or the health and safety of others; (3) for law enforcement on the premises of the correctional institution; or (4) for the administration and maintenance of the safety and security of the correctional institution.

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Parental Access

Some state laws concerning minors permit or require disclosure of Protected Health Information to parents, guardians, and persons acting in a similar legal status. We will comply with the applicable law of the state where the treatment is provided and will make disclosures in accordance with such law.

Uses and Disclosures Upon Written Authorization

All other uses and disclosures of your Protected Health Information that are not described above will be made only with your written authorization. You may revoke your authorization, at any time, in writing. You understand that we cannot take back any use or disclosure we may have made under the authorization before we received your written revocation, and that we are required to maintain a record of the medical care that has been provided to you. The authorization is a separate document, and you will have the opportunity to review any authorization before you sign it. With the exception of research-related treatment, we will not condition your treatment on whether or not you sign any authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

You Have the Right to Inspect and Copy

You may inspect and obtain a copy of your Protected Health Information contained in your medical and billing records and any other records that Del Bianco Prosthetics and Orthotics uses for making decisions about you, for as long as we maintain the Protected Health Information.

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To inspect and copy your medical information, you must submit a written request to Del Bianco Prosthetics and Orthotics at the address listed below. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

We may deny your request in limited situations. For example, you may not inspect or copy psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and certain other specified Protected Health Information defined by law. In some circumstances, you may have a right to have this decision reviewed by a licensed health care professional. The person conducting the review will not be the person who initially denied your request. We will comply with the decision in any review. Please contact Del Bianco Prosthetics and Orthotics at the address listed above if you have questions about access to your Protected Health Information.

Right to Request Restrictions

You may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or health care operations. You may also request that any part of your Protected Health Information not be disclosed to family members, relatives, friends or other persons who may be involved in your care, or for notification or disaster relief efforts, as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Del Bianco Prosthetics and Orthotics is not required to agree to a restriction that you may request.

If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by submitting a written request to Del Bianco Prosthetics and Orthotics at the address listed below.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible. You may make this request by submitting a written request to Del Bianco Prosthetics and Orthotics at the address listed above.

Right to Request Amendment

You may request an amendment of your Protected Health Information contained in your medical and billing records and any other records that Del Bianco Prosthetics and Orthotics uses for making decisions about you, for as long as we maintain the Protected Health Information. You must make your request for amendment in

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writing to Del Bianco Prosthetics and Orthotics at the address listed above, and provide the reason or reasons that support your request.

We may deny any request that is not in writing or does not state a reason supporting the request.

We may deny your request for an amendment of any information that:

1. Was not created by us, unless the person that created the information is no longer available to amend the information;

2. Is not part of the Protected Health Information kept by or for us;

3. Is not part of the information you would be permitted to inspect or copy; or

4. Is accurate and complete.

If we deny your request for amendment, we will do so in writing and explain the basis for the denial. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact Del Bianco Prosthetics and Orthotics at the address listed above.

Right to an Accounting of Disclosures

This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices It also excludes disclosures: (1) to you; (2) to your family members, relatives, friends or other persons who may be involved in your care, or for notification or disaster relief efforts; (3) for national security or intelligence purposes; (4) to correctional institutions or law enforcement officials; (5) that occurred prior to April 13, 2002; (6) made incident to a permitted or required use or disclosure, as described in this Notice; and (7) made pursuant to an authorization. The right to receive an accounting of disclosures is subject to certain other exceptions, restrictions and limitations. You must submit a written request for disclosures in writing to the Privacy Official at the office(s) where we have provided you with health care services, or to the Del Bianco Prosthetics and Orthotics Privacy Officer at the address listed below. You must specify a time period, which may not be longer than six years from the date of the request and cannot include any date before January 1st, 2004. You may request a shorter timeframe. Your request should indicate the form in which you want the list (i.e., on paper, etc). You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about the charges you will be required to pay, and you are free to withdraw or modify your request in writing before any charges are incurred.

Right to Obtain a Paper Copy of this Notice

You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice by asking your

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practitioner for a copy at your next appointment, sending a written request for a paper copy to the Del Bianco Prosthetics and Orthotics Privacy Officer at the address listed above, or sending a request for a paper copy via email to jim@delbiancopo.com

COMPLAINTS

You may complain to us or to the Secretary of the U. S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by writing or phoning Del Bianco Prosthetics and Orthotics (919) 740-8510, or Email: jim@delbiancopo.com

ATTN: HIPPA Privacy Officer

Del Bianco Prosthetics and Orthotics

1031 West Williams Street Suite 104

Apex, NC 27502

You may contact James Del Bianco, our Privacy Officer, at Del Bianco Prosthetics and Orthotics for further information about the complaint process or for additional information about any of the other matters identified in this Notice.

We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary.

This Notice is effective in its entirety as of May 08, 2010.