

Notice of Privacy Practices

Effective November 18, 2008

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. Please review it carefully.

Our Legal Duty

At Contour Solutions, we believe that your health information is personal. We keep records of the care and services that you receive at our facility private and secured. We are committed to keeping your health information private, and we are also required by the Health Insurance Portability and Accountability Act (HIPPA) to maintain and respect your confidentiality. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.

Acknowledgement of Receipt of this Notice

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. If you decline to provide a signed acknowledgement, we will continue to provide your products and services, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Who Will Follow This Notice

This notice describes the Contour Solutions practices regarding your protected health information. For this notice, the Contour Solutions includes the following:

- Contour Solutions Administrative Staff
- Contour Solutions Clerical Staff
- Contour Solutions Certified Fitters

How We May Use or Disclose Your Protected Health Information

When you become a patient of Contour Solutions, we will use your health information within Contour Solutions and disclose your health information outside Contour Solutions for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information at Contour Solutions who need that information to assist your care. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside Contour Solutions who may be involved in your health care, such as treating and/or referring doctors, home care providers, and family members.

Payment. We may use and disclose your health information so that the products and services you receive may be billed and paid for by you, your insurance company, or another third party. We may also tell your health plan a service you are going to receive so we can get prior payment approval or learn if your plan will pay for the products or services.

Health Care Operations. We may use your health information and disclose it outside Contour Solutions for our health care operations. These uses and disclosures help us operate Contour Solutions to maintain and improve patient care. We also may combine health information about many patients to identify new services to offers or what services are not needed. We may also disclose information to other persons at Contour Solutions for learning and quality improvement purposes.

Contacting You. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. We may leave a voice message at the telephone number you provide us with, and we may respond to your email address.

Marketing Health-Related Services. We will not use your health information for marketing communications without your written authorization.

Health-Related Services. We may use and disclose health information about you to send you mailings about health-related products and services available at Contour Solutions.

Required by Law -- We may use or disclose your health information when we are required to do so by law.

Authorizations For Other Uses And Disclosures

As described above, we will use your health information and disclose it outside Contour Solutions for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your health information for other reasons without your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

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Abuse or Neglect

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Patient Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request, in writing, to obtain access to your health information. You may obtain a form to request access by sending us a letter to the address at the end of this notice. If you are requesting copies, there is a **\$15.00** copy fee (up to 30 pages) which includes staff time to locate and copy your health information, plus the cost of postage if you want the copies mailed to you. You have the right to receive an explanation of your account for the purposes of payment concerning your health care services.

Restriction

You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a certain way or at a certain location. Your request for confidential communications must be in writing, signed and dated. It must identify the Contour Solutions or facility making the confidential communications and specify how or where you wish to be contacted. You need not to disclose the reason for your request. You must send your written request to the Privacy Officer, Contour Solutions 8527 Village Dr., Ste 109 San Antonio, TX 78217.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may obtain a paper copy of this Notice at our facility or by calling Contour Solutions Privacy Officer at 210-946-6000. You may also view this Notice at our website, www.ContourSolutionsUSA.com

Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with Contour Solutions or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Contour Solutions, you must submit your complaint in writing to the Privacy Officer, Contour Solutions 8527 Village Dr., Ste 109 San Antonio, TX 78217. You will not be penalized for filing a complaint.

Changes To This Notice.

Contour Solutions may change this Notice at any time. Any changes in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at our facility and on our website, www.ContourSolutionsUSA.com. The effective date of the Notice is on the first page in the top left corner.

If you have questions about this Notice, you may telephone our Privacy Officer at 1-210-946-6000.

The law requires that we make every effort to inform you of your rights to your personal health information.

I have read or had the **Notice of Privacy Practices** explained to me for Contour Solutions and agree to continue my care with Contour Solutions under said terms.



Patient Signature

Today's Date