MAX MOBILITY PROSTHETICS & ORTHOTICS
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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.

NOTICE OF PRIVACY PRACTICES

Effective Date: __09/01/2026__

This Notice applies to Max Mobility Prosthetics & Orthotics ("we," "us," or "the Practice") and describes how we may use and disclose your protected health information ("PHI") to carry out treatment, payment, or health care operations, and for other purposes permitted or required by law. It also describes your rights to access and control your PHI. This Notice works together with, and does not replace, the fuller description of your privacy and other rights in our Patient Rights and Responsibilities document (PC-RT-001), which you also receive at intake.

1. How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your care — for example, sharing your evaluation, cast measurements, or device specifications with a referring physician, physical therapist, or another treating provider, or discussing your care with a colleague covering for us.

Payment

We may use and disclose your PHI to bill and collect payment for services — for example, submitting a claim with supporting documentation to Medicare, MassHealth, or a commercial insurer, verifying your coverage, or discussing your bill with you or a payer.

Health Care Operations

We may use and disclose your PHI to run our practice — for example, quality review, staff training, accreditation surveys (ABC), compliance audits, and business planning. Where possible, we use only the minimum information necessary for these purposes.

Other Permitted or Required Uses and Disclosures (Generally Without Your Authorization)

- As required by law — for example, in response to a court order or subpoena.
- For public health activities — for example, reporting as required to public health authorities.
- For health oversight activities — for example, audits or investigations by CMS, MassHealth, or ABC.
- To avert a serious threat to health or safety — for example, to prevent or lessen a serious and imminent threat to you or others.
- For workers' compensation, as authorized by and to the extent necessary to comply with workers' compensation law.
- To coroners, medical examiners, or funeral directors, and for organ or tissue donation purposes, as applicable.
- For specific government functions — for example, military and veterans' activities, or national security purposes, if applicable.
- In response to lawful requests from law enforcement, or to report abuse, neglect, or domestic violence as required or permitted by law.

Uses and Disclosures That Require Your Written Authorization

Except as described above, we will use or disclose your PHI only with your written authorization, including for marketing communications that involve the sale of PHI, most fundraising uses, and disclosure of psychotherapy notes (if any exist in your record). You may revoke a written authorization at any time, in writing, except to the extent we have already relied on it.

Family, Friends, and Others Involved in Your Care

Unless you object, we may share PHI relevant to a person's involvement in your care with a family member, friend, or other person you identify — for example, someone who accompanies you to a fitting or picks up your device.

2. Your Rights Regarding Your Health Information

Right to Inspect and Get a Copy

You may ask to inspect and receive a copy of the health and billing records we use to make decisions about your care. We will generally respond within 30 days, with one 30-day extension available if we notify you in writing of the reason for delay. We may charge a reasonable, cost-based fee for copies.

Right to Request Amendment

You may ask us to amend your PHI if you believe it is incorrect or incomplete. We will respond within 60 days (with one 30-day extension available with written notice). We may deny the request in certain circumstances; if we do, we will explain why in writing and you may submit a statement of disagreement to be kept with your record.

Right to an Accounting of Disclosures

You may ask for a list of certain disclosures we made of your PHI in the six years before your request, other than disclosures for treatment, payment, health care operations, disclosures made directly to you, or disclosures made with your authorization.

Right to Request Restrictions

You may ask us to restrict how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree, except that we must honor your request to restrict disclosure to a health plan for a service you paid for in full, out of pocket.

Right to Request Confidential Communications

You may ask us to contact you in a specific way or at a specific location — for example, by mailing to a different address or calling only your cell phone — and we will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your PHI on your behalf. We will confirm this authority before acting.

Right to Be Notified of a Breach

We will notify you if a breach of your unsecured PHI occurs, consistent with the HIPAA Breach Notification Rule.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer using our Complaint Intake Form, or directly with the U.S. Department of Health and Human Services, Office for Civil Rights

(online at ocrportal.hhs.gov, or by phone at 1-800-368-1019). We will not retaliate against you in any way for filing a complaint.

3. Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We are required to provide you with this Notice describing our legal duties and privacy practices, and to abide by the terms currently in effect.
- We must notify you if a breach of your unsecured PHI occurs.
- We will not use or share your PHI other than as described here, unless you tell us otherwise in writing, and you may revoke that permission in writing at any time.

4. Changes to This Notice

We may change the terms of this Notice, and any changes will apply to all PHI we maintain, including PHI created or received before the change. If we make a material change, we will post the revised Notice in our office and on our website, and provide a copy at your next visit or upon request.

5. Questions or Concerns

Contact our Privacy Officer: Max Nigrosh, CPO, MSPO — (978) 629-7679 — max@maxmobilitypo.com — 21 Mohawk Trail Unit 18, Greenfield, MA 01301.

For a fuller description of your rights as a patient, how to reach us after hours, and how we handle complaints and grievances (including timelines and outside agencies you may contact), see our Patient Rights and Responsibilities document (PC-RT-001), provided to you together with this Notice.