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# American Limb & Orthopedic Co. of Valparaiso

201 E Morthland Drive Suite 2  
Valparaiso, Indiana 46383  
Phone: (219) 531-7479 Fax: (219) 531-0465  
www.americanlimbvalparaiso.com

**\*\*PLEASE TAKE THIS DOCUMENT HOME WITH YOU\*\***

## ***NOTICE OF PRIVACY PRACTICES FOR American Limb & Orthopedic Company of Valparaiso***

*This summary briefly describes important information contained in our Notice of Privacy Practices. We encourage you to take the time to read the complete notice, which is attached to this summary.*

Our Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Your “protected health information” means any of your written and oral health information, including your demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

This notice will let you know about the various ways we use and disclose your medical information, describe your rights and our obligations with respect to the use or disclosure of your medical information. We will also ask that you acknowledge receipt of this notice the first time you come to or use any of our facilities, because the law requires us to make a good faith effort to obtain your acknowledgement.

We are required by law to:

Make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with our Notice of Privacy Practices and applicable law.

Give you the complete Notice of our legal duties and our privacy practices; and abide by the terms of the Notice of Privacy Practices that is in effect from time to time.



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**\*\*PLEASE COMPLETE AND RETURN TO FRONT DESK AFTER APPOINTMENT\*\***

## **PATIENT SATISFACTION SURVEY**

- |   |     |    |
|---|-----|----|
| 1. Were you able to obtain a convenient appointment?  | YES | NO |
| 2. Was our office staff courteous and friendly?   | YES | NO |
| 3. Did you see your practitioner within 15 minutes?   | YES | NO |
| 4. Was our office and patient room clean and comfortable?   | YES | NO |
| 5. Did your practitioner spend enough time with you and answer all your questions to your satisfaction? | YES | NO |
| 6. Were you given sufficient information on how to use, clean and care for your device?                 | YES | NO |
| 7. Was your device delivered in a timely manner?  | YES | NO |
| 8. Were you satisfied with the overall fit, quality, and comfort of your device?                        | YES | NO |
| 9. Were you informed about what to do if you have any problems with your device?                        | YES | NO |
| 10. Were our billing and payment policies discussed during your visit?                                  | YES | NO |
| 11. Would you refer a friend or family member to us?  | YES | NO |

Please provide any other comments or thoughts which will help us serve you better:

Signed (optional) \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**  
**American Limb & Orthopedic Company of Valparaiso**