

OFFICE COPY

HIPPA Notice Privacy Practices

“HIPAA PRIVACY NOTICE” states the privacy and confidentiality of information.

ADVANCED FOOT & ANKLE SPECIALISTS, PA

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY

This practice is committed to maintaining the privacy of your protected health information “PHI”, which includes information about your health condition and the care and treatment you receive from this Practice. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

This privacy of PHI in patient files will be protected when the files are taken to and from the Practice by placing the files in a box or brief case and kept within the custody of a doctor or employee of the Practice authorized to remove the files from the Practice’s office. It may be necessary to take patient files to a facility where a patient is confined or to a patient’s home where the patient is to be examined or treated.

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

The Practice may use and/or disclose your PHI provided that it first obtains a valid Authorization signed by you. The Authorization will allow the Practice to use and/or disclose your PHI for the purpose of:

- **Treatment** – In order to provide you with the health care you require, the Practice will provide your PHI to those health care professionals, whether on the Practice’s staff or not, directly involved in your care so that they may understand your health condition and needs. For example: a physician treating you for a condition or disease may need to know the results of your latest physician examination by this office.
- **Payment** – In order to get paid for services provided to you, the Practice will provide your PHI directly or through a billing service, to the appropriate third party payers, pursuant to their billing and payment requirements. For example: the Practice may need to provide the Medicare Program with information about health care services that you received from the Practice so that the Practice can be properly reimbursed. The Practice may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
- **Health Care operations** – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to comply, use and/or disclose your PHI.
- **Research** – If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.
- **Avert a Threat to Health or Safety** – The Practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- **Specialized Government Functions** – This refers to disclosures of PHI that relate primarily to military and veteran activity.
- **Worker’s Compensation** – If you are involved in a Worker’s Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Worker’s Compensation system.

- **National Security and Intelligence Activities** – The Practice may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
- **Military and Veterans** – If you are a member of the armed forces, the Practice may disclose your PHI as required by the military command authorities.

APPOINTMENT REMINDER

The Practice may, from time to time, contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you. The following appointment reminders are used by the Practice:

- A postcard mailed to you at the address provided by you; and
- Telephoning your home and leaving a message on your answering machine or with the individual answering the phone.

DIRECTORY/SIGN-IN LOG

The Practice maintains a directory of and sign-in logs for individuals seeking care and treatment in the office. Directory and sign-in logs are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within the Practice's office suite. This information may be seen by, and is accessible to others who are seeking care or services in the Practice's office.

FAMILY/FRIENDS

The Practice may disclose you your family member, other relatives, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification including identifying or locating a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following cases will apply:

- If you are present at or prior to the use or disclosure of you PHI, the Practice may use or disclose your PHI if you agree, or if the Practice can reasonable infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
- If you are not present, the Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

AUTHORIZATION AND YOUR RIGHTS

Uses and/or disclosures, other than those described above, will be made only with your written authorization. You have the right to:

- Revoke any authorization, in writing, at anytime. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any requested restrictions, to request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. The Practice can charge you a fee for the

cost of copying, mailing and/or other supplies associated with your request. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.

- Amend your PHI as provided by law. To request an amendment, you must submit written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information's not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.
- Receive an accounting of disclosures of your PHI as provided by law. The request must state a time period which may not be longer than six years. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve month period will be free, both the Practice may charge you for the cost of providing additional lists. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- Receive a paper copy of this Privacy Notice from the Practice upon request to the Practice's Privacy Officer.
- Complain to the Practice or to the Secretary of HHS if you believe your privacy right has been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing.

PRACTICE'S REQUIREMENTS

The Practice is required to:

- By federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
- By State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided under federal law. In particular, the Practice is required to comply with the following State Statutes: Section 381.004 relating to HIV testing, Chapter 384 relating to sexually transmitted diseases and Section 456.057 relating to patient records ownership, control and disclosure.
- To abide by the terms of this Privacy Notice.
- Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- To distribute any revised Privacy Notice to you prior to implementation.
- Not to retaliate against you for filing a complaint.

QUESTIONS AND COMPLAINTS

You may file a complaint with the Privacy Officer if you believe that your privacy rights have been violated relating to the release of your PHI. You may, also, submit a complaint to the Department of Health and Human Services at 200 Independence Avenue, SE Washington, DC 20201 or calling (202) 619-0257. We will not retaliate against you in any way if you do file a complaint.

EFFECTIVE DATE: APRIL 13, 2003

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