

HIPPA NOTICE OF PRIVACY
SPRINGFIELD PODIATRY, LLC
ACCURATE FOOT AND DIABRETIC CARE

This Notice Describes a Medical Information About You May Be Used and Disclosed How You Can Get Access to This Information. Please Review It Carefully.

This notice of privacy practices describes how we may use and disclose your protected health information (PHI), carry out treatment, payment or health operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services.

Uses an Disclosure of Protected Health Information: Our office staff and others outside the office that are involved in your care and treatment for the purpose of providing healthcare services to you, to your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclosure protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclosure protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: your protected health information will be used, as needed, to obtain payment for your health care service. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support business activity of your physician's practice. These activities include, but are not limited to, quality assessment, active employee review activities, training of medical students, licensing, and conducting a reading for other business activities. For example, we may disclose your protected health information to medical school students that see patients in the office. In addition, we may use a sign in sheet at the registration desk, where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you, we may also use or disclosure protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclosure protected health information in the following situations without yours authorization. Situations include: as Required by Law, Public Health Issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: FDA requirements: Legal Proceedings: Law Enforcement: Corners, Funeral Directors, and Organ Donation: Research: Criminal Activity: military activity And National Security: Workers' Compensation. Under the law, we must make disclosures to you, and required by the secretary of the Department of Health and human services to investigator determine our compliance with the requirements of sections 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

You May Revoke This Authorization at Any Time in Writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Following is a statement of your rights with respect to your protected health information:

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operation. You may also request that any part of protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by all alternative means or at any alternative location. You have the right to obtain a paper copy of this notice from us, upon request even if you agree to accept this notice alternatively, i.e., Electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You have then the right to object to withdraw as provided in this notice.

Complaints

You may complain to us or the secretary of health and human services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

I authorize **Springfield Podiatry/Accurate Foot and Diabetic Care** to discuss my medical care and treatment with the following individuals:

Name relationship

Name relationship

Name relationship

I Authorize Springfield Podiatry/ Accurate Foot and Diabetic Care to leave confidential messages on my voicemail: Yes No

Your personal health record may be available to you by your submitted email address, as part of our electronic health record system. You may request this PHR, or, the office may enroll you in the PHR program as a courtesy. This includes your medication list, diagnosis history, allergies and appointment history. Your individual visit notes are not included in the system and can be requested separately subject to our office's records release policies.

This notice was published became effective on/or before **April 14, 2003**

Signed _____

Print Name _____ Date _____