

Notice of Privacy Practice

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you, the patient, may be used and disclosed, and how you can get access to your individually identifiable health information.

Please read this information carefully.

Total Foot Care, P.A. is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding you and the treatment and services necessary to keep you in good health. We are required by law to keep your health care information confidential. We are also required by law to provide you this notice of our legal responsibilities. According to federal and state laws, and without your authorization, we can use your private health information for the items listed below.

Your individual health information will be used for your treatment. For instance; laboratory testing results and examination findings will be used for reaching a diagnosis.

We will also use this information for billing and collection payments on your account. From time to time, it will be necessary for us to contact your insurance carrier regarding payment and may need to provide your carrier with details regarding your health.

Finally, your health information will be used for health care operations. It may be necessary for us to disclose your information to evaluate the quality of your care and if your treatment proved effective, or to help us conduct cost-management and business planning activities for our practice.

Our staff members are trained to maintain your confidentiality during your visits to our practice, however, by federal and state law we are obligated to disclose your provided information for certain reasons, without your consent. Those reasons may be for public health risks, lawsuit proceedings, law enforcement request, identification of deceased patients, research, organ donation, military requests, or serious threats to our nation's health or security.

You have the following rights regarding your personal health care information

- a. The right for confidential communications, i.e. may we leave messages pertaining to your health with other family members or an answering machine?
- b. The right to inspect and copy any or all of your information, however, your request must be done in writing and a fee may be charged.
- c. The right to paper copy of this notice.
- d. The right to file a complaint if you believe your privacy rights have been violated.
- e. The right to provide us with an amendment to your authorization at any time, if you have authorized us usage of your health information for reasons other than treatment, payment or health care options.

We will continue to evaluate our efforts to protect your personal information and make every effort to keep your personal information accurate and up to date. If at any time we modify this notice, we will provide you with advance notice of the changes and allow you the opportunity to opt out of such disclosure.

If you have any questions regarding this notice or our health privacy policies, please speak to any member of our health care team. Thank you.