

FootCare, P.A.

Notice of Privacy Practices

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.

FootCare, P.A. may use and disclose medical and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us, or to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO's and PPO's, managed care organizations, IPA's, Medicare/Medicaid, or other governmental or third party payors, or any organizations contracting with any of the above entities to perform such functions. We will use and disclose your health information in order to treat you or assist other health care providers in treating you. Medical records may be delivered to a primary care physician or any other physician/medical facility that is directly or indirectly responsible for your medical care or the payment thereof. We may use or disclose, as needed, your protected health information in order to conduct certain business and operational activities. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. We may use or disclose your protected health information when we are required by law or in response to a court or administrative order, subpoena discovery request or other lawful process.

FootCare, P.A. will not use or disclose any of your medical or financial information for any purpose not stated above without your specific written authorization. You may revoke your authorization in writing at any time.

You may request in writing restrictions on certain uses and disclosures. **FootCare, P.A.** is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You have the right to inspect, copy and amend your protected health information. You may also request an accounting of disclosures of your protected health information from this office. All requests must be made in writing.

We are legally obligated to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices and to abide by its terms. We reserve the right to change our privacy practices and apply revised privacy practices to protected health information.

You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. **FootCare, P.A.** will make no retaliation against you because you registered a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

You may speak with the Office Manager or Privacy Officer to obtain additional information regarding any questions you may have concerning this Notice or to receive a printed copy of the Notice. This Notice of Privacy Practices is effective as of April 14, 2003.