

Harrisonburg Foot & Ankle Clinic, PC

HIPAA Notice of Privacy Practices

Our Compliance Assurance Notification

This Notice of Privacy Practices describes how our office may use and disclose your Protected Health Information. We strive to achieve the highest standards of ethics and integrity in performing services for our patients and are committed to protecting your personal and medical information as required by law. Please review this notice carefully and contact our Privacy Officer if you have any questions or concerns.

How We May Use and Disclose your Protected Health Information

- ***Treatment:** We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services.
- ***Payment:** We may use and disclose Protected Health Information about you to obtain payment for health care services that we provide to you.
- ***Health Care Operations:** We may use and disclose Protected Health Information about you in order to support the business activities of our practice.
- ***Business Associates:** We may share your Protected Health Information with third party “business associates” that perform various activities (e.g, electronic claims, patient statements) for the practice. We will always have a written contract that will protect the privacy of your Protected Health Information.
- ***Appointment Reminders and Other Information:** We may use your Protected Health Information to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

Uses and Disclosures of Your Protected Health Information that are Permitted and Required without your Authorization

- ***As Required By Law:** We may use or disclose your Protected Health Information as required by law.
- ***To Avert a Serious Threat to Health or Safety:** We may disclose your Protected Health Information to public health authorities to prevent a serious threat to your health and safety, another person or the public.
- ***Communicable Diseases:** We may disclose your Protected Health Information to any person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ***Health Care Oversight:** We may disclose your Protected Health Information to healthcare oversight authorities as required by law.
- ***Abuse or Neglect:** We may disclose your Protected Health Information to any public health authority as required by federal and state laws if we believe you have been the victim of abuse, neglect, or domestic violence.
- ***Food and Drug Administration:** We may disclose your Protected Health Information as required by the Food and Drug Administration to report adverse events, product defects, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance.
- ***Legal Proceedings:** We may disclose your Protected Health Information in response to an order of a court, subpoena, discovery request or other lawful purpose.
- ***Law Enforcement:** We may disclose your Protected Health Information for law enforcement purposes, legal processes and otherwise required by law.
- ***Coroners, Funeral Directors, and Organ Donation:** We may disclose your Protected Health Information as authorized by law to allow duties to be performed and carried out or for donation purposes.
- ***Research:** We may disclose your Protected Health Information for research purposes when an institutional review board reviewed a research proposal and established protocols to ensure privacy of protected health information.
- ***Criminal Activity:** We may disclose your Protected Health Information as required by state and federal laws to identify or apprehend an individual, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- ***Military and National Security:** We may release your Protected Health Information to authorized military command authorities, federal officials or others legally authorized.

***Workers' Compensation:** We may release information about you as required by workers' compensation laws and other similar legally-established programs.

***Inmates:** We may use and disclose your Protected Health Information if you are an inmate of a correctional facility.

Uses and disclosures of Protected Health Information That May Be Made With Your Authorization or Opportunity To Object

***Others Involved in Your Healthcare:** If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. We may use and disclose your information to family, personal representatives or other individuals involved in your health care and in an emergency treatment situation.

Uses and disclosures of Protected Health Information Based Upon Your Written Authorization

***Your Rights with Respect to Your Protected Health Information:** Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described previously. You may exercise your rights and revoke your authorization in writing at any time.

***You have the right to inspect and copy your Protected Health Information.** You may inspect and request a copy of medical and billing records and any other record your physician and the practice uses for making decisions about you. However, under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled for use in a civil, criminal or administrative proceeding. Contact our Privacy Officer if you have questions about access to your medical record.

***You have the right to request a restriction of your Protected Health Information.** You may ask us not to use or disclose any part of your Protected Health Information for the purpose of treatment, payment or healthcare operations. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to any restriction you may request.

***You have the right to request to receive confidential communication from us by alternative means or at an alternative location.** We will accommodate reasonable requests. Please make this request in writing to our Privacy Officer.

***You may have the right to have your physician amend your Protected Health Information.** You may request an amendment of your medical record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. Please contact our Privacy Officer if you have questions about amending your medical record.

***You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in our Notice of Privacy Practices. It excludes disclosures we may have made to you, a facility, family members or any other persons involved in your care.

***Revisions of this Notice of Privacy Practices:**

We are required to abide by the terms of our Notice of Privacy Practices. We also reserve the right to change the provisions of this notice. Whenever there is a change to this notice we will provide our patients with the revised notice.

***Complaints:** If you believe your privacy rights have been violated you may notify our Privacy Officer. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

This notice becomes effective on April 14, 2003