

Notices of Privacy Practices

This pamphlet details how your Personal Health Information (PHI) may be disclosed or used and how you can get access to this information. Please review carefully.

New Albany Family FootCare, Inc. (NAFFCI)

The Health Insurance Portability and Accountability Act (HIPPA) requires NAFFCI to maintain the privacy of an individual's protected health information, and to provide individuals with notice of its legal duties and privacy practices.

SAFEGUARDING YOUR PROTECTED HEALTH INFORMATION

Individually identifiable information about your health or condition is considered Protected Health Information (PHI). We are required to extend certain protections to your PHI and to give you this NOTICE about our privacy practices.

We are required to follow privacy practices though we reserve the right to change our privacy practices and the terms of this Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose you PHI for purposes of treatment, payment and for our healthcare operations.

For uses beyond that we must obtain your written authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some

uses/disclosures without your consent or authorization.

WHO WILL FOLLOW THIS NOTICE

Any healthcare professional authorized to enter information into our facility chart.

All employees, staff and agents.

HOW THE FACILITY MAY USE AND DISCLOSE YOUR INFORMATION

For treatment:

Your medical information may be used to provide you with medical treatment or services. This medical information may be disclosed to physicians, nurses, technicians and other allied health professionals.

To obtain payment:

We may use/disclose your PHI in order to bill and collect payment for your healthcare services.

For healthcare operations:

We may use/disclose your information in evaluating the quality of services rendered.

DISCLOSURE OF PHI

NAFFCI does not disclose a person's PHI to any organization or individual except for purpose of payment or healthcare operations.

Disclosure of your PHI to your referring physician for purpose of treatment.

Disclosure to a group health plan, HMO or insurance issuer for purpose of collecting payment.

With your written permission, your PHI may be released to a family member, guardian or other individuals involved in your care.

USES AND DISCLOSURES OF PHI NOT REQUIRING YOUR CONSENT OR AUTHORIZATION

The law provides that we may disclose your PHI from records without consent or authorization in the following circumstances

- When required by law
- For public health activities
- To avert threat to health or safety
- For specific government functions
- Military and veterans
- Workers' Compensation
- Coroners, Medical Examiners, and Funeral Directors
- Inmates

YOUR RIGHTS REGARDING YOUR PHI:

- You have a right to request restrictions on how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. Any agreement to restriction will be put in writing.
- To choose how we contact you: You have the right to ask that we send you

information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

- To inspect and request a copy of your PHI: you have a right to see your PHI upon your written request unless your access to your records is restricted for clear and documented treatment reasons. The facility will charge a fee for a copy of your PHI and record.
- To request amendment to your PHI: If you believe there is a mistake or missing information in our record you may request in writing that we correct or add to the record. We will respond within 45 days of written request. We may deny the request if we determine the PHI is correct and complete, not created by us or not part of our records, or not permitted to be disclosed. Any denial will state the reason(s) for denial.

TO FIND OUT WHAT DISCLOSURES HAVE BEEN MADE:

- YOU HAVE A RIGHT TO OBTAIN A LIST OF WHEN, TO WHOM, FOR WHAT PURPOSE, AND WHAT CONTENT OF YOUR PHI HAS

BEEEN RELEASED FOR TREATMENT, PAYMENT AND OPERATIONS.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice IS effective for medical information we have about you or information we will receive in the future.

YOU HAVE THE RIGHT TO RECEIVE THIS NOTICE.

A current PAPER copy of the notice with the effective date will be given or offered to the patient.

AS WE WILL NEED TO CONTACT YOU FROM TIME TO TIME, WE WILL USE WHATEVER ADDRESS, TELEPHONE NUMBER OR EMAIL ADDRESS YOU PREFER.