

The Orthopaedic Center for
FOOT AND ANKLE RECONSTRUCTION
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 CAREFULLY.

The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals, team coaches, immediate family members include spouse, parents, adult children, guardians and insurance companies for the purpose of treatment, payment or healthcare operations. (example)

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with The Orthopaedic Center for Foot and Ankle Reconstruction, P.C.”

“It is our policy to provide a substitute health care provider, authorized by The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. to provide assessment and/ or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. (example)

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.”

Workers’ Compensation

We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to : preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Change of Ownership

In the event that The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. amend your protected health information. Please be advised, however, that The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
 - You have the right to receive an accounting of disclosures of your protected health information made by The Orthopaedic Center for Foot and Ankle Reconstruction, P.C.
 - You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. is required by law to comply with this Notice.

The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice, or if you want more information about your privacy rights, please contact: Mark Judd by calling this office at 757-889-6580. If Mark Judd is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days (Mon.-Thurs.).

Complaints

Complaints about your Privacy rights, or how The Orthopaedic Center for Foot and Ankle Reconstruction, P.C. has handled your health information should be directed to Mark Judd by calling this office at 757-889-6580. If Mark Judd is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days (Mon.-Thurs.).

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of 01-17-05

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

The Orthopaedic Center for **FOOT AND ANKLE RECONSTRUCTION**

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **The Orthopaedic Center for Foot and Ankle Reconstruction, P.C.**'s "NOTICE OF PRIVACY PRACTICES," revision date 17 January 2005.

As required by the Privacy Regulations, **The Orthopaedic Center for Foot and Ankle Reconstruction, P.C.** has provided a copy of the "NOTICE OF PRIVACY PRACTICES" of which I understand.

As required by the Privacy Regulations, I am aware that **The Orthopaedic Center for Foot and Ankle Reconstruction, P.C.** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that maintains.

I authorize **The Orthopaedic Center for Foot and Ankle Reconstruction, P.C.** to release or obtain any information needed from insurance companies in regards to the treatment and or payment for services provided by them.

I understand that this office is not required to honor any changes to the "NOTICE OF PRIVACY PRACTICES."

Signature

Date

Print Name

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt: (Describe) _____

Optional Requests:

- I wish to file a "Request for Restriction" of my Protected Health Information.
- I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- I wish to object to the following in the "Notice of Privacy Practices:"

