

## **Chapel Hill Foot and Ankle Associates, P.A. Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### Our Legal Duty

We have a legal duty by federal and state laws to protect the privacy of your PHI (Protected Health Information). We also have a duty to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI.

We are required to follow the procedures of this notice. We reserve the right to change the terms of this notice and our privacy practice if the changes are consistent with applicable law.

You may request a copy of our notice (or any revised notice) at any time. For more information or questions regarding our privacy notice, please contact the officer listed at the end of this information.

### **Uses and Disclosures of Your Protected Health Information**

We are allowed by Federal law to use or disclose your PHI for the purposes of treatment, payment and health care operations without obtaining your written consent.

#### Treatment

This may include providing, coordinating, or managing healthcare and related services by one or more healthcare providers, consultations between physicians, nurses, technicians, students, and other healthcare providers concerning a patient; referrals to other providers for treatment; referrals to nursing homes, foster care homes, or home health agencies.

#### Payment

This may include determining your eligibility for benefits or health coverage; procedures done to obtain reimbursement for services provided, obtaining preauthorization for services; managing insurance claims; collection activities; discussing with insurance company coverage under your health plan and billing department.

#### Health Care Operations

Your PHI may be used or disclosed in order to conduct certain business and operation activities. These include, but are not limited to: quality assessment, employee review activities, training of students, licensing, and other business activities.

For example, we will ask for your name, address and insurance information at the registration desk. You will be called by name when we are ready to seat you in a treatment room. We may use the PHI to contact you by telephone or mail to remind you of your appointment.

We may share the PHI with business associates for the practice (e.g. billing, transcription). We may use the PHI to provide you with information about treatment alternatives or other benefits and services. We may also disclose your PHI for marketing activities: (e.g. you may receive a newsletter with your name and address on it) you may ask not to receive these items.

#### Exception to Notification

We may use or disclose without your authorization. Those circumstance may include: When use is required by law; necessity by public health activities; when the disclosure relates to victims of abuse, neglect, or domestic violence, federal health (or other) oversight activities; judicial or administrative proceedings; for law enforcement purposes; when the use or disclosure relates to decedents or cadaveric donation; relating to medical research; avoidance of serious health or safety threat; specialized government functions or correctional institutions.

You may object to some uses or disclosure:

We may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement with your healthcare. If you are unable to agree or object, we may disclose the information if we determine it is in your best interested based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location, general condition, or death.

#### **You have rights regarding your PHI:**

You have the right to request restrictions of disclosures. We are not required to agree to your request, and even if we do, there may be situations when your restrictions may not be followed. This would include emergency treatment. Any requests must be in writing.

You have the right to request (in writing) that we contact you in an alternative way (e.g. at home or work), but we may be unable to honor your request (e.g., if you ask to be contacted only at night or on weekends).

You may have the right to see and copy PHI about you contained in clinical, billing and other records related to you. Your request must be in writing, and we may charge you related fees. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If the request is denied, you may have a right to have that decision reviewed.

You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable effort to inform others, including

people or entities you name, of the amendments and to include the changes in any future disclosures of that information.

You have the right to receive an accounting of disclosures after April 14, 2003, and cannot exceed a period of six years prior to the date of your request. Requests should be in writing to the Privacy Officer at the end of this notice.

#### Electronic Notice

If you receive this notice on our website or electronically, you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the plan or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Officer listed in this notice. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

This notice is effective 5/8/03 (the first day of business for this practice), retroactive to 4/14/03 for patients of the prior, purchased practice.

HIPAA Officer:        Alan Bocko, DPM  
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