

Notice of Privacy Practices

Effective Date: March 25, 2020

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.

Generally speaking, your protected health information is information about you that either identifies you or can be used to identify you and relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you. Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information (PHI).

Foxhall Podiatry Associates, PC is required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to your protected health care information, and to notify you following a breach of your unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practices that currently is in effect. This notice replaces all prior notices and applies to all protected health information that we maintain.

How we may use and disclose your protected health information (PHI):

For Care or Treatment: We may use and disclose your protected health information to help us with your treatment. We may also release your protected health information to help other health care providers treat you. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include: sharing and discussing your medical information with an outside consulting physician or hospital or a laboratory we have referred you to for testing, using a patient sign-in sheet in the waiting room, and for appointment reminders.

For Payment: We may send a bill to you or your insurance carrier. The information on or accompanying the bill may include information that identifies you, as well as a portion of your PHI needed to obtain payment. Other examples include, sharing PHI with a health insurer, providing information to a collection agency for the purposes of securing payment, disclosing information in a legal action for purposes of securing payment.

For Business Operations: We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include: Quality assessment and improvement activities, conducting training programs for medical and other students, and conducting other medical review, legal services, and auditing functions.

Other Uses and Disclosures not requiring Authorization:

***Business Associates:** Services are provided to our practice through contracts with business associates such as laboratory services and electronic health records. We require the business associates to safeguard your information to our standards.

***Required by Law and Public Health:** This includes mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the health department).

***Research:** We can share PHI for health research.

***Required by Court Order:** In response to a subpoena.

***Notification:** We may disclose limited PHI to friends or family members identified by you as being involved in your care or assisting you in payment. We may also notify a family member, or another responsible person, about your location and general condition.

***Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of the public.** If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

***In response to organ and tissue donation requests, and to work with a medical examiner or funeral director.**

***Workers' compensation and similar programs:** This would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

***Creation of de-identified information:** We may use PHI in the process of de-identifying your information for research purposes.

Uses and Disclosures with Authorization

***Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked, except to the extent we have already relied upon the authorization or in the event of an emergency.**

Your rights regarding your PHI:

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer:

***Right of Access to Inspect and Copy.** We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. To exercise your right of access to your PHI, you must submit a written request to our Privacy Officer. The request must describe the PHI requested, how you want access to the information such as inspection, pick-up of copy, mailing of copy, and specify the format such as paper or an electronic means.

***Right to Amend.** If you feel that the PHI we have about you is incorrect, you may ask us to amend the information although we are not required to agree to the amendment.

***Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your PHI. We will include the disclosures, except for those about treatment, payment, and health care operations. We'll provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

***Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree with your request.

***Right to Request Confidential Communication:** You have the right to request that we communicate with you about PHI matters in a specific manner (telephone, email, US mail, etc).

Our responsibilities as required by law:

***Maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices with respect to PHI.**

***Abide by the terms of this notice currently in effect.**

***Post notice of any changes to our Privacy Policy in the lobby and make a copy available to you upon request.**

***Use or disclose your PHI only with your authorization except as described in this notice.**

Website Privacy: Any personal information you provide us with via our website, including your e-mail address, will never be sold or rented to any third party without your permission. If you provide us with any personal or contact information in order to receive anything from us, we may collect and store that personal data. Our site may contain links to other outside websites. We cannot take responsibility for the privacy policies or the practices of these sites.

For more information or to report a problem, contact the Privacy Officer at: 202-966-4811

Email: frontdesk@foxbhallpodiatry.com. For more information, please refer to www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at www.foxbhallpodiatry.com