

HIPAA 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 READ IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for purposes required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information (PHI)

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. This includes the coordination or management of your health care with a third-party.

Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. This can include your health plan, or other sources such as auto insurer or credit card companies. Information to be disclosed may be required to provide reason for medical necessity of your treatment.

Healthcare Operations. We may use or disclose, as needed, your protected health information in order to conduct normal operations of the physician's practice. These activities include, but are not limited to quality control, licensing, employee reviews, training of medical students and employees, financial reporting, and budgeting. This includes having a sign-in list at the check-in desk, as well as calling your name from the waiting room. With your permission, we will also send you appointment reminders through the methods of contact you selected on your New Patient Information Form. We may also send you treatment related information through our patient portal.

We may use or disclose your protected health information in the following situation without your authorization. These situations include: as Required By Law, Public Health Issues, Communicable Disease, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, law Enforcement; Coroners, Funeral Directors, and Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required Uses and Disclosures, Under Law, we must make a disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirement of section 164.500.

Other Uses and Disclosures Require Your Authorization and will be made only with your consent, authorization, or opportunity to object unless required by law.

You may revoke this authorization, at any time, by submitting written revocation of the authorization. Your decision to revoke authorization will become effective on the date received, however, it will not affect or reverse any disclosures of information that have occurred before you notified us of your revocation.

Your Rights - The following is a statement of your rights with respect to your Protected Health Information under federal privacy standards.

- **You have the right to inspect and copy your Protected Health Information.** Under federal law, you may make this request to our office in writing. However, you may not inspect or copy the following records – psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
- **You have the right to request a restriction of your Protected Health Information.** This means 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. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions, and to whom they apply.

Your physician is not required to agree to a restriction that you may request. If physician believes your restriction is unreasonable and it is in your best interest to permit use and disclosure of your Protected Health Information, your Protected Health Information will not be restricted. If you wish, you then have the right to use another Healthcare Professional.

- **You have the right to request and receive confidential communications from us by alternative means.**
- **You may have the right to have your physician amend your Protected Health Information.** We require you to provide this request in writing. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information.**
- **You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively, i.e., electronically or by fax.

We reserve the right to change the terms of this notice and will inform you by email of any changes. Some changes may be required by federal or state law. You then have the right to object or withdraw as provided in this notice.

Foot & Ankle Consultants of Texas' Duties to You

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices, by abiding by the privacy policies and practices that are outlined in this notice.

Complaints

For more information or to submit a comment or complaint about our privacy practices, please provide a written letter outlining your concerns to:

Marcus Baxter, DPM
412 Village Dr. Suite 300
Murphy, TX 75094

If you feel your privacy rights have been violated, you should bring the matter to our attention through letter to the same address listed above.

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on February 1, 2019.