

Protected Health Information (PHI)/HIPAA

Due to recent implemented Fed Regulations following public notice by Premier Foot Clinic, P.C. is effective as of November 1, 2011.

Premier Foot Clinic, P. C. is required to:

1. Maintain the privacy of your health information.
2. Provide you with this notice as to what our legal duties and practices are with respect to information we collect and maintain about you.
3. Abide by the terms of this practice.
4. Notify you if you are unable to agree to a requested restriction and accommodate any reasonable request you may have to communicate health alternative locations.
5. We will not use or disclose your health information without your authorization, except as described in this notice.
6. We will use and disclose your PHI to bill and collect payment for the service and items you may have received for us. For example, we will contact your insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment.

WE ARE PERMITTED TO USE, AND MAY BE REQUIRED, TO DISCLOSE YOUR PHI UNDER SPECIAL CIRCUMSTANCES:

1. Disclose Required by Law: Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law, including
2. Public Health Risk Our practice may disclose your PHI to public health authorities who are authorized to collect information for such purposes as maintaining vital records, preventing or controlling disease, injury, or disability; or notifying a person regarding potential exposure to a communicable disease.
3. Serious Threats to Health of Safety: Our practice may disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health of another individual or the public.
4. Deceased Patients: Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
5. Organ Donor: Our practice may release PHI to a medical facility for tissue procurement of transplantation, including organ donation banks, a necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
6. Worker's Compensation: Our practice may release your PHI for worker's compensation and similar programs.

Our practice may contact you or your authorized representative (see authorization form attached) to provide appointment reminders or information about treatment alternatives or others health-related benefits and services that may be of interest to you. The practice might routinely contact patients via telephone at home and/ or cell phone, work, via mail at home, and unless otherwise requested, may leave messages on the appropriate voicemail or answering service regarding appointments and billing questions.

All requested for medical records should be handwritten and should contain:

Full Name
Date of Birth
Mailing Address
Phone Number
Written Signature

An additional fee might be asked for generating a copy or mailing all medical records as per the rules practiced by the clinic.

At no time will any person, including spouse, be able to obtain information from your medical records without prior written authorization. Only parents or legal guardians of a child under the age of 18 will be allowed to access medical records information, with proof of child's social security number and date of birth.

Patient Rights

1. **Confidential Communications:** You have the right to request that our practice communicate with you about health and related issues in a particular manner or at a certain location. Our practice will accommodate reasonable requests.
2. **Requesting Restrictions:** You have the right to request restrictions on our use disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. **Inspection and Copies:** You have the right to request and obtain a copy of your PHI. Our practice will charge a fee for the cost of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/ or copy limited circumstances. However, you may request a review of our denial.
4. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for this practice. Your request must provide us with the reason that supports your request for amendment. Your request may be denied if you ask us to amend information that is in our opinion: a) accurate and complete; b) not part of PHI kept by or for the practice; c) not part of the PHI that would be permitted to inspect and copy; or d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Rights to a paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
6. **Rights to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.