

Foot & Ankle Associates reserves the right to amend or change its practices, policies, or procedures with regard to PHI at any time, and to make such changes effective for all PHI in our possession, including any PHI that may have been created or received proper to such changes. In the event of such a change the Foot & Ankle Associates will post a new revision of this Notice in our facility and make a copy of it available to you upon request.

Foot & Ankle Associates is required to make sure that at all times our office operates in a manner that is consistent with the provision of the most current revision of this notice. If at any time you believe that Foot & Ankle Associates has acted in manner inconsistent with our current Notice of Privacy Practices, or you feel your rights to privacy have been violated in any way, you are entitled to file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, or for further information with regard to this notice or the Foot & Ankle Associates privacy practices, please contact the Office Manager at (281)342-8700. The Foot and Ankle Associates will not retaliate in any way against any individual who files a complaint either with this office or with the Secretary of the Department of Health and Human Services.

### **Use or Disclosure of PHI for Treatment, Payment, and Operations**

The Foot & Ankle Associates may use or disclose your PHI without your authorization for your treatment, to receive payment for any services rendered, and for the normal operations of this office. For example:

Treatment- We may use or discloser your PHI in coordination treatment among our staff or with other providers, such as a primary care physician or specialist.

Payment- We may use or disclose your PHI for your Insurance company as required to obtain payment for any services that have been rendered.

Operations- We may use or disclose you PHI for quality assurance purposes, as part of employee performance evaluations, or to help train new employees.

### **Other Uses or Disclosures of PHI Permitted or Required Without Your Authorization**

Foot & Ankle Associates may also use or disclose you PHI without your written authorization in the following situations:

1. To You: Foot & Ankle Associates may disclose your PHI to you;
2. Incidental to an Otherwise Permitted Use or Disclosure: Accidental disclosures of your PHI that occur in the course of making an otherwise permitted use or disclosure are permitted as long as Foot & Ankle Associates has taken appropriate safeguards to try to protect the confidentiality of your PHI, and has satisfied the Requirements to use the minimum amount of PHI necessary for any permitted use disclosure of PHI;
3. Appointment reminders: Foot & Ankle Associates may use or disclose you PHI to contact you to provide appointment reminders, information about treatment alternatives that may apply to you, and other health related services or benefits that may be of interest to you;
4. Disclosure to Others Involved in Your Care: PHI may be used or disclosed to family members or others designated by you as bring involves in your care. This may include notifying such individuals who are waiting for you while you are being treated in our facility, or leaving telephone messages concerning your condition, your treatment, or your account on answering machines or with family members. Such disclosures will be limited to minimum information necessary or to the extent of the person's involvement in your care. You have the right to object to such disclosure. Please notify the Front Desk if you wish to object;
5. Disaster Relief/Response: Foot & Ankle Associates my disclose your PHI to a public or private entity that is authorized by law or by its charter to assist with disaster relief efforts (for example, the Red Cross);

6. Required by the Secretary of Health and Human Services: PHI may be used or disclosed to demonstrate our compliance with the Health Insurance Portability Act, if so directed by the Secretary;
7. Required by Law: PHI may be used or disclosed to the extent required by law such as for the purposes of report abuse or neglect, in response to a judicial or administrative proceeding, or as may be required for law enforcement purposes. Such disclosures will be limited to the minimum information required by the law;
8. For Public Health Activities: PHI may be used or disclosed for public health activities such as; preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting necessary for the Food and
9. Drug Administration (FDA); to notify someone who may have been exposed to a communicable disease; or reports to employers about work related injuries or work place surveillance;
10. To Report Victims of Abuse, Neglect, or Domestic Violence: PHI may be used or disclosed to agencies disclosures of your PHI that were made, with certain exceptions, within the six (6) years prior to the date of request. If you would like to receive an accounting of disclosures, please see the Front Desk for the proper form.
11. Right to Receive Copies of This Notice of Privacy Practices: You have the right to receive a paper copy of our most current Notice of Privacy Practices at any time. If you would like to receive a new copy, please ask the Front Desk.

**Acknowledgment of Receipt of the Notice of Privacy Practices**

**I hereby acknowledge that I have received a copy of the Foot & Ankle Associates Notice of Privacy Practices.**

\_\_\_\_\_  
Print patient name

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

**For Office Use Only**

**Patient was given a copy of the Foot & Ankle Associates Notice of Privacy Practices but their written acknowledgment could not be obtained.**

\_\_\_\_\_  
Print Employee's name

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**THIS NOTICE DESCRBES HOW MEDICAL INFORMATION ABOUT OU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Foot & Ankle Associates is required by law to maintain the privacy of Protected Health Information and to provide individuals with notice of our legal duties and privacy practices with respect to Protected Health Information. This document is being provided to you in fulfillment of these obligations.

Protected Health Information, or PHI as it may be referred to in this document, is information about our identity (e.g. your name, address, social security number, etc.), your past, present or future medical or mental condition (e.g. Procedures performed, lab tests ordered, etc.) , and past, present, or future payment for medical services (e.g. Insurance carrier, deductibles, payments made etc.)