

Chesapeake Family Foot Care, PA

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 REVIEW IT CAREFULLY.

Chesapeake Family Foot Care, PA, is providing you with this Notice of Privacy Practices:

1. To describe how your health information will be used and disclosed;
2. To summarize our legal duties and privacy practices; and
3. To give you information about rights you have in regard to your health information.

information.

We are dedicated to protecting your medical privacy.

If you have questions about any part of this notice or if you want more information about our privacy practices please contact:

Privacy Official

J.de Borja

PO Box 705, Easton, MD 21601

Effective Date of this Notice of Privacy Practices: April 14, 2003

I. How Chesapeake Family Foot Care, PA, may use or disclose your health information
Chesapeake Family Foot Care, PA, creates a record of your health information. Our staff, your physician, and others will access, use and disclose the health information in your record as needed for your care and treatment, related payment and operations. Your health information is protected under federal and state law and Chesapeake Family Foot Care, PA's policies. We will record your information and may save it in paper form or electronically. Federal law refers to your medical record and related billing records with the phrase "designated record set." Your designated record set is our property, but the information in the designated record set belongs to you. We protect the privacy of your health information. The following is a general description of how federal and state law permits us to use and disclose your protected health information. We offer the examples in the pages to follow to illustrate and inform you about what we may do with your health information. We cannot anticipate each situation that may arise so please understand that we may use or disclose your health information in other ways as permitted by law.

1. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we may disclose your protected health information to a home health agency that provides care to you. We may also disclose protected health information to physicians, therapists, or other health care providers who are treating you or assisting in your diagnosis, treatment or recovery. For example, Chesapeake Family Foot Care, PA provides your protected health information to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another health care provider, including a physician, specialist or laboratory who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

2. Payment. Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan undertakes before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and utilization review activities. For example, in order to obtain approval for a hospital stay your health plan may require that your relevant protected health information be disclosed to them to obtain approval for the hospital admission. If more than one third party payer is available to provide payment for your health care services, we may disclose your protected health information to more than one health plan or other third party payer or the health plans may share your protected health information with each other. Your protected health information may also be used and disclosed as needed to obtain payment for health care services rendered to you by other providers.

3. Health Care Operations. We may use or disclose, as needed, your protected health information in order to support our delivery of health care services. These uses and disclosures are necessary for us to run our operations properly and make sure that our patients receive quality care. Examples of these activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fund raising activities, and conducting or arranging for other business activities. We may combine protected health information about more than one patient, to, for example: evaluate the performance of our staff in caring for patients; decide what additional services we should offer; or analyze the effectiveness of new treatments. Certain patient safety considerations may also cause us to use and disclose your health information. For example, we may disclose your protected health

information to medical school students that see patients at Chesapeake Family Foot Care, PA. In addition, we may use a sign-in sheet at the registration desk. Chesapeake Family Foot Care, PA may ask you to sign your name on a sign in sheet and note the name of your physician or other professional with whom you have an appointment. We may also call you by name in our waiting room areas when your physician or other health care provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We will share your protected health information with third party "business associates" that perform various services for or on behalf of Chesapeake Family Foot Care, PA. Examples of business associates Chesapeake Family Foot Care, PA may share your protected health information with in order to conduct day-to-day operations may be billing services, transcription services, records destruction professionals, attorneys, accountants, auditors or other professional consultants. Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

4. Information provided to you. For educational reasons, we may use and disclose your protected health information to tell you about health-related benefits or services that may be of interest to you. We also may use and disclose your protected health information to tell you about This is not legal advice – it is a template for illustrative and educational purposes. or recommend possible treatment or therapy options or alternatives that may be of interest to you. We may use your health information to mail you an informative newsletter about our organization, staffing additions, new services or facilities, and other matters of general interest.

5. Directory We may list your name, where you are located in our facilities, your general medical condition and your religious affiliation in our directory. Chesapeake Family Foot Care, PA may provide this information to members of the clergy. This information, except your religious affiliation, may be provided to other people who ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object.

6. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Required by law. As required by law, we may use and disclose your health information.

8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

10. Judicial and administrative proceedings. We may disclose your health information in the course of any valid administrative or judicial proceeding or in response to a valid court or administrative or other law enforcement order or in the course of defending ourselves.

11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

13. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

14. Research. We may disclose your health information to researchers conducting research previously approved by an Institutional Review Board or Chesapeake Family Foot Care, PA's privacy board. In some instances, we may combine your protected health information with information on other patients or in combination with information on you or other patients from other hospitals or providers for learning purposes. When appropriate, we may remove identifying information about you so that others may use it to study health care and healthcare delivery without learning your identity or that of other patients. This is not legal advice – it is a template for illustrative and educational purposes.

15. **Public safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the public.

16. **Specialized government functions.** We may disclose your health information for military, national security, or prisoner purposes.

17. **Worker's compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.

18. **Fund-raising.** We may contact you to request a gift or donation for Chesapeake Family Foot Care, PA. We may also share your health information with a foundation dedicated to raising funds for Chesapeake Family Foot Care, PA. If you do not want us to contact you for fund-raising purposes or otherwise do not want, some or all of your health information to be used for this purpose, please contact our Privacy Officer as noted in Section V below. With your permission or the permission of your legal representative, we may disclose your name in recognition of your generosity. We will not use or disclose your health information for marketing purposes without first obtaining your written authorization, which authorization you would be under no obligation to give.

19. **Change of Ownership.** In the event that Chesapeake Family Foot Care, PA, or any of its organized health care arrangement providers, is sold or merged with another organization, your health information/record will become the property of the new owner, subject to applicable state law.

II. When Chesapeake Family Foot Care, PA May Not Use or Disclose Your Health Information Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your prior written authorization. You may revoke that authorization, in writing, at any time, unless we have taken action relying on your prior authorization or if you signed the authorization as a condition of obtaining insurance coverage.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information for treatment, payment or health care operations purposes. We are not required to agree to the restriction that you request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request you must tell us (a) the information you want to limit; (b) whether you want to limit our use, disclosure, or both; (c) reasonable accommodations you are willing to make, for example, to assure that we can provide you with treatment and obtain payment for that treatment; and (d) to whom you want the limits to apply, for example, disclosures to your spouse. You may revoke any request for restrictions at any time by notifying our Privacy Officer in writing. We may revoke our approval of your request for restrictions at any time by notifying you in writing, but our revocation will only be effective in the future.

2. You have the right to receive your health information on a confidential basis through a reasonable alternative means or at an alternative location. Chesapeake Family Foot Care, PA will grant reasonable requests. Contact our Privacy Officer if you require such confidential communication.

3. You have the right to inspect and copy health information in your designated record set. Your "designated record set" contains medical and billing records and any other records that we use for making decisions about you. Under federal law, 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, and protected health information that is subject to law that prohibits access to protected health information. Any requests to inspect and copy your health information must be submitted in writing to our Privacy Officer. If you request a copy of your health information, we may charge you a fee to cover the actual costs of copying, mailing or other supplies associated with responding to your request. Under certain limited circumstances, we may deny your request to inspect and copy your health information. Under certain circumstances, our denial will not be reviewable or appealable such as if you are an inmate or received treatment while at a correctional institution, requests for information we received from someone else subject to confidentiality agreements, if the information requested is not in our possession, and certain requests concerning ongoing research projects. If you are denied access to medical information for any other reason, you may request that the denial be reviewed. Another licensed healthcare professional we choose will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

4. You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information. We will provide you with

information about our denial and instructions for filing a statement of disagreement regarding the denial, should you choose to do so. Any request for amendment must be in writing and must be submitted to our Privacy Officer.

5. You have a right to receive an accounting of disclosures of your health information made by us after April 14, 2003 (or a shorter timeframe). Under federal law, an accounting of disclosures does not need to include the following: disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices. If you wish to receive an accounting of disclosures, a request in writing must be submitted to our Privacy Officer.

6. You have a right to a paper copy of this Notice of Privacy Practices upon request, even if you have agreed to accept this Notice electronically. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Privacy Official
J. de Borja
PO Box 705, Easton, MD 21601

IV. Changes to this Notice of Privacy Practices
Chesapeake Family Foot Care, PA reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Chesapeake Family Foot Care, PA is required by law to comply with this Notice. Upon your request, we will provide you with any revised Notice of Privacy Practices. We will Communicate any changes by posting a revised Notice of Privacy in any physical locations we maintain.

V. Complaints
Complaints about this Notice of Privacy Practices or how we handle your health information should be directed to:

Privacy Official
J. de Borja
PO Box 705, Easton, MD 21601

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.