

**Foot and Ankle Health Center  
HIPAA Notice of Privacy Practices**

**Effective April 14, 2003**

**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.**

***Who will follow this notice?*** The privacy practices in this notice will be followed by:

- Any health care professional authorized to enter information into a patient's chart;
- All departments and services of Foot Health Center;
- All employees, medical staff, students, volunteers, and other personnel of Foot Health Institute;
- All of our business entities, sites and locations; and
- Any business associate with whom we share health information.

***Our Pledge to You:*** We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain. We are required by law to:

- keep medical information about you private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that are currently in effect.

***How We May Use and Disclose Medical Information About You:***

- We may use and disclose medical information about you ***for treatment*** (such as sending medical information about you to a specialist as part of a referral); ***to obtain payment for treatment*** (such as sending billing information to your insurance company or Medicare); and ***to support our health operations*** (such as comparing patient data to improve treatment methods).
- We may use or disclose medical information about you ***without your prior authorization*** for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for ***public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements*** and ***organ donation, workers' compensation*** purposes, and ***emergencies***. We also disclose medical information ***when required by law***, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- We may also contact you for ***appointment reminders***, or to tell you about or recommend ***possible treatment options, alternatives, health-related benefits or services*** that may be of interest to you, or to support ***fundraising efforts***.
- We may disclose medical information about you to a ***friend or family member who is involved in your medical care***, or to disaster relief authorities so that your family can be notified of your location and condition.

***Other Uses of Medical Information:*** In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

### ***Your Rights Regarding Medical Information About You:***

- In most cases, ***you have the right to look at or get a copy of medical information*** that we use to make decisions about your care, by submitting a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, ***you have the right to request that we correct the records***, by submitting a written request that explains your reason for requesting the change. We may deny your request if the information was not created by us, if it is not part of the medical information maintained by us, or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- ***You have the right to a list of those instances where we have disclosed medical information about you***, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, by submitting a written request. Your request must state the time period for the list to cover, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free. We will charge for additional requests according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- If this notice was sent to you electronically, ***you have the right to a paper copy of this notice***.
- ***You have the right to request that medical information about you be communicated to you in a confidential manner***, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- ***You may request, in writing, that we not use or disclose medical information about you*** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request, but ***we are not legally required to accept it***. We will inform you of our decision on your request.

***Questions, Requests and Appeals:*** All questions, written requests and appeals should be submitted to our Privacy Officer at the following address:

Haidee Reyes, Privacy Officer  
Foot and Ankle Health Center  
1100 Essington Road  
Joliet, IL 60435  
(815) 730-8200

***Complaints:*** If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer at the address above. You may also send a complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide the address. You will not be penalized or retaliated against for filing a complaint.

***Changes to this Notice:*** We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in our office. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice each time you register at Foot and Ankle Health Center for treatment. You will be asked to acknowledge in writing your receipt of this notice.