

Please request a copy of this if you would like one.

Office of Dr. Paul Sommer, DPM

NOTICE OF PRIVACY PRACTICES

OUR COMMITMENT TO YOUR PRIVACY

We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your individually identifiable health information (IIHI). This information includes, but is not limited to—phone number, address, etc... We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect November 2013.

We reserve the right to revise or amend this Notice of Privacy Practices. We reserve the right to make changes in our Privacy Practices and the new terms of our notice effective for all health information that we maintain in the past, and for you records that we may create or maintain in the future.

You may request a copy of our notice at any time. For more information or for additional copies, please contact us using the information listed at the end of this notice.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAY:

TREATMENT: We may use and disclose your IIHI to treat you.

PAYMENT: we may use and disclose your IIHI to obtain payment for your services provided to you.

HEALTH CARE OPERATIONS: We may use and disclose your IIHI to operate our business. We may use and disclose you information for our operations. We may use your IIHI to evaluate the quality of care you received from us, and disclose your information to other health care providers and entities to assist in their health care operation.

APPOINTMENT REMIDERS: We may use and disclose your IIHI to contact you and remind you of an appointment.

TREATMENT OPTIONS: We may use and disclose your IIHI to inform you of potential treatment of alternatives.

DISCLOSURES REQUIRED BY LAW: We will use and disclose your IIHI when we are required to do so by federal, state or local law.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you make revoke it in writing at any time. Your revocation will not affect any use of disclosers permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

TO YOUR FAMILY/FRIENDS: We may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

SERIOUS THREATS TO HEALTH OR SAFETY: We may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or health and safety of another person or the public.

MILITARY: We may use and disclose your IIHI if you are a member of U.S. or foreign military forces and if required by the appropriate authorities.

National Security: We may use and disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose our IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

PATIENT RIGHTS

ACCESS: You have the right to inspect and obtain a copy of the IHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our office, in order to obtain a copy of your IHI. We may deny your request and/or copy in certain limited circumstances: however, you may request a review of our denial.

ACCOUNTING DISCLOSURES: All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your IHI for non-treatment or operations purposes. Use of your IHI as part of the routine patient care in our practice is not required to be documented. All requests for an accounting of disclosures must state a time period which may not be longer than (6) years from the date of disclosures and may not include dates before November 2013. If you request this accounting more than once in a year we may charge you a reasonable cost based fee for responding to these additional requests. If you request copies, we will charge \$0.30 for each page, \$15.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you.

AMMENDMENT: You have the right to request that we amend your health information. We may deny your request under certain circumstances. Your requests must be in writing, and it must explain why the information should be amended.

QUESTIONS AND COMPLAINTS:

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.

By signing this form, I am consenting to Family Foot and Ankle Clinic the use and disclosure of my PHI (personal health information) to carry out TPO (treatment, payment & health care operations).

I understand, by signing this form, I acknowledge I have received, read and understood the information provided to me regarding individually identifiable health information as it pertains to me and/or my child(ren). I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Family Foot and Ankle Clinic may decline to provide treatment to me.

SIGNATURE FORM IS SEPARATE AND WILL BE KEPT IN YOUR MEDICAL RECORD.

Family Foot and Ankle Clinic / 1610 Pointe Dr. / Valparaiso, IN 46383

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