



Foot & Ankle Specialty Clinic

NOTICE OF PRIVACY PRACTICES

Benton, Conway, and Russellville

This notice describes how health information may be used and disclosed and how you can get access to this information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully. This Notice takes effect 11/08/2022, and will remain in effect until we replace it. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

Our responsibilities:

As required by law-

- We will maintain privacy and security of protected health information (PHI).
- We will notify you if a breach occurs that may have compromised the privacy or security of your information.
- We will follow the duties and privacy practices described in this notice.
- We will give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.

We have the Right to:

- Change our Privacy Practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Our Uses and Disclosures:

The following section describes different way that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific authorization you provide may be revoked at any time by writing to us.

- We never market or sell PHI.
- We can use your PHI and share it with your referral source. With your permission, we can also share your PHI with other professionals who are treating you.
- We are allowed (and sometimes required by professional ethics) to seek consultation from other professionals about specific cases, although patient identity is kept confidential.
- We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.
- When services are requested or ordered by a third party, such as a court or social service agency, your agreement to receive those services indicates agreement that requested information will be disclosed to that third party. A bill may be sent to a third party payer. The information on or accompanying the bill may include your medical information.
- We can use and share your PHI to run our practice, improve your care, and contact you when necessary.
- We can use and share your PHI to bill and receive payment from health plans or other entities.
- We can use and share your PHI for workers' compensation claims.
- We can use and share your PHI if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can use and share your PHI for special government functions such as military, national security, and presidential protective services.
- We may use medical information about you to provider you with medical treatment or services. We may disclose medical information about you to doctors, medical assistants, nurses, technicians, medical students, or other people who are taking care of you.
- We will not use or share your information other than as described here unless you give us permission. You may revoke all such permissions at any time. You may not revoke an authorization to the extent that (1) we have already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html .

Additional Uses and Disclosures:

We may use or disclose PHI without your consent or authorization in the following circumstances.

In addition to using and disclosing your medical information for treatment, payment, and healthcare operations, we may use and disclose medical information for the following purposes.

- Child Abuse – If we have reason to suspect that a child has been sexually or physically abused, or is subjected to abuse or neglect, we must report this suspicion to the appropriate authorities.
- Adult and Domestic Abuse – We may disclose PHI regarding you if we reasonably believe that you are a victim or perpetrator of vulnerable adult abuse, neglect, or exploitation.

- Health Oversight Activities – If we receive a subpoena from an official Arkansas agency because they are investigating our practice, we must disclose any PHI requested by the agency.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party, or where the evaluation is court ordered. You will be informed in advance if this is the case. We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or lawful process, under certain circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, , material witness, crime victim or missing person. We may share information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.
- Worker’s Compensation-We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.
- Appointment Reminders- We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.
- Disaster Relief-we may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.
- Notification-We may use and disclose medical information to notify or help notify: a family member, your personal representative, or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgement. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.
- We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.
- Funeral Director, Coroner, Medical Examiner: To help them carry out their duties, we may share the medical information of a person who has died.

You have the right to:

- Obtain a copy of your PHI, with limited exceptions- You can ask to see or get an electronic or paper copy of PHI in our records. We may deny you access under certain circumstances. Upon your request we will discuss with you the details of the request and denial process for PHI. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. We have a form on file for all record requests as well as notification of our fees. You can ask our receptionist about our fee structure and the request form.
- Correct your PHI- You can ask us to correct PHI about you that you think is incorrect or incomplete. We may deny your request. Upon your request we will discuss with you the details of the amendment process.
- Request confidential communication- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- Ask us to limit the information we share- You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. If you have a clear preference for how we share your information in certain situations (e.g. sharing information with your family, close friends, etc.), talk to us. Tell us what you want us to do, and we will follow your instructions provided it does not violate our limits of confidentiality or interfere with your care.
- Get a list of those with whom we have shared your information- You have the right to receive an accounting of disclosures of PHI. On your request, we can discuss the details of the accounting process.
- Receive a paper copy of this privacy notice- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

Questions and Complaints:

- If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer. If you think that we may have violated your privacy rights, you may speak to our Privacy Officer and submit a written complaint. File a complaint if you believe your privacy rights have been violated- If you feel we have violated your rights, please let us know immediately. We will make every effort to make it right. You can file a complaint by sending a letter to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.



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Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I was provided a copy of the **Notice of Privacy Practices** and that I have read (or had the opportunity to read if I so chose) and understand the notice.

Patient Name (Please Print)

Date

Parent or Authorized Representative (if applicable)

Date

Signature