

NORTH FLORIDA FOOT & ANKLE CENTER

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law.

We reserve the right to make the changes in our privacy practices and the new terms of our notice for all protected health information that we maintain, including medical information we created or received before we made the changes. You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact at the address and telephone number information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We will use and disclose your protected health information about you for treatment, payment, and health care options. Following are examples how your protected health information maybe disclosed:

Treatment: We may disclose your protected health information to provide, coordinate or manage your healthcare and any related services with a third party. For example: Home Health Agency that provides care to you, any physician currently providing treatment to you, or any other healthcare provider who becomes involved in your care by providing assistance with your diagnosis or treatment (e.g., a specialist or laboratory).

This may also include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you. Such as verifying your insurance coverage and benefits available under your policy or obtaining approval for services that require referrals and/or authorization.

Unless you object, we may disclose your protected health information to a member of your family, a close friend, or any other person you identify that directly relates with involvement of your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information that we deem necessary if we determine that it is within your best interest based on our professional judgment.

Payment: We may disclose your protected health information to your insurance company as an effort to collect payment for services rendered. We may also disclose your protected health information to any third party that we contract in an effort to collect any unpaid balance (e.g., collection agency, attorney).

Healthcare Operations: We may disclose your protected health information in order to conduct certain business and operational activities. These activities may include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or managing other business activities. For example:

We may use a sign in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the doctor is ready to see you or by the clerk at the registration desk. We may use your protected health information, *as necessary*, to contact you by telephone or mail, to remind you of your appointment.

We may also disclose your protected health information to any "business associate" (e.g., billing, transcription services) that perform various activities for the practice. Whenever an arrangement between our practice and a "business associate" involves the use of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures Based on Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your authorization. You may give us written authorization to use or disclose your protected health information to

anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Without your written authorization, we will not disclose your protected health information except as described in this notice.

Research: We may disclose your protected health information about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities.

Marketing and Fundraising: Practitioners must get written authorization from the patient when the practice receives financial remuneration from a third party that is marketing its products or services. Practitioners must give patients the opportunity to opt out of fundraising communications from the practice.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health and safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to the public health authorities for public health purposes.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Criminal Activity: We may disclose your protected health information consistent with applicable federal and state laws if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Required By Law: We may disclose your protected health information when required, by law, to do so. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

We may disclose your protected health information when authorized by worker's compensation or similar laws.

We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

Law Enforcement: We may disclose limited protected health information to a law enforcement official concerning information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose your protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

Patient Rights

Access: You have the right to look at or obtain copies of your protected health information with limited exceptions. You must make a request in writing to your rendering physician. You may also request access by sending us a letter to the address listed at the end of this notice. If you request copies, we reserve the right to charge a nominal fee along with any postage if you want the copies mailed to you.

List of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, healthcare operations and certain other activities after April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, and the reason for the disclosure.

You have the right to request that your practitioner NOT provide your PHI to any insurance company if you pay out of pocket and in full for the service.

Restriction Request: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Notification of Unauthorized Disclosure of PHI: You have the right to be notified of any unauthorized disclosure of your PHI.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location and continues to permit us to bill and collect payment from you.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We reserve the right to deny your request and will be provided with a written explanation. You may at that time respond with a statement of disagreement to be appended to the information you wanted to amend. However, if we do agree to the amendment, we will notify all other third parties who have previously received your protected health information to the changes made to your protected health information.

Questions and Complaints

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, or if you want more information about our privacy practices or have questions or concerns, please contact our office:

8825 Perimeter Park Blvd, Ste 401
Jacksonville, FL 32216
Telephone: (904) 236-5023
Facsimile: (904) 236-5073
Email: contactus@nffac.com

You may also submit a written complaint to the U.S. Department of Health and Human Services at:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Telephone: (202) 619-0257
Email: ocrmail@hhs.gov

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.