



Centerock Podiatry Associates, P.C.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health care information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on April 14, 2003 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice for all health information maintained, created, and/or received by us before the date changes were made.

TYPICAL USES AND DISCLOSURE OF HEALTH INFORMATION

We will keep your health care information confidential, using it only for the following purposes:

Treatment: We may use your health care information to provide you with our professional services. We have established “minimum necessary or need to know” standards that limit various staff members’ access to your health information per their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your health care information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends, and/or any other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health care information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health care information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of an emergency involving your care, your location, your general condition, or death. If possible we will provide you with an opportunity to object this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgement to disclose only that information directly relevant to your care. We will also use our professional judgement to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health care information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health care information when we are required to do so by law (court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information to comply with Workers Compensation Laws or when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health care information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health Related Services: We will not use your health care information for marketing purposes unless we have your written authorization to do so.

Military Activity and National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence, or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use or disclose your health care information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards, or letters.

HIPPA Notice of Privacy Practices

This form does not constitute legal advice and covers only federal not state law



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Notice of Privacy Practices

I acknowledge 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 choose) and understood the notice.

Signature _____ Date _____

Print Name _____ Relationship to Beneficiary _____

Authorization for Release of Information

I allow you to speak with _____ Relationship _____

Regarding: _____ Treatment/Condition

_____ Billing/Insurance/Financial Arrangement

Treatment Consent

I hereby consent and give my permission to the doctor (and the doctor's assistants and or designated replacement) to administer and perform such procedures upon me as the doctor deems necessary.

Signature or Patient, Parent, Guardian or Personal Representative

Date

Please print name of Patient, Parent, Guardian or Personal Representative

Relationship to Patient