



Notice of Privacy Practices

This policy is effective as of July 2013

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.

Understanding Your Health Record

A record is made each time you visit a hospital, physician, or other health care provider. Your symptoms, examination, test results, diagnoses, treatment and a plan for future care are recorded. This information is most often referred to as your “health or medical record”, and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professional who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others. Use or disclosure of your health information will follow the more stringent State or Federal law.

Uses and Disclosures

Your health information will be used for Treatment, Payment, and Health Care Operations.

Treatment – Information obtained by your health practitioner in this office will be recorded in your medical record and used to determine the course of treatment that should work best for you. This consists of your physician recording his/her own expectations and those of others involved in your care, such as specialty physicians, hospitals, or lab technicians. For example, your health information could be forwarded to a specialist physician to further treat or diagnose your condition.

Payment – Your health care information will be used via fax, web, paper and telephone in order to receive payment for services rendered by this office. A bill may be sent to either you or a third-party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used. For example, this office will send a bill to your insurance company which will include your demographics, diagnosis and procedures to collect payment for services rendered.

Health Care Operations - The medical staff in this office will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide. For example, Garden State Podiatry, LLC

may use your health information, along with several other samples, to review processes on how to best treat a particular condition or method.

Garden State Podiatry, LLC is required by law and permitted to disclose your confidential personal health information (PHI) without written consent in the following circumstances.

1. **Public Health Activities** – This office is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This office is further required by law to report communicable disease, injury, or disability.
2. **Reporting Abuse** – Garden State Podiatry, LLC may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For example, the social services department of a local government could request legal authority to receive reports of child abuse or neglect, in which case, will disclose information without authorization or consent.
3. **Health Oversight Activities** – this office may disclose protected health information to health oversight agencies, such as The Healthcare System, Government benefit programs or Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards. These disclosures shall be used for reasons of audit and investigations necessary for oversight of the healthcare system.
4. **Judicial and Administrative Proceedings** - This office may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court, subpoena administrative tribunal or other law process.
5. **Law Enforcement Purposes** - This office may disclose protected health information to law enforcement officials for law enforcement purposes under the following circumstances as required by law; A. Court Orders, court-ordered warrants, subpoenas and administrative request. B. To identify or locate a suspect, fugitive, material witness, or missing person. C. Information about a victim or suspected victim of a crime. D. Alert law enforcement of death if the facility/physician suspect criminal activity caused death. E. The facility/healthcare provider believes that protected health information is evidence of a crime that occurred on the premises. F. Medical emergency not occurring on its premises to inform law enforcement about the commission and nature of a crime.
6. **Decedents** - This office may disclose protected health information as authorized by law to funeral directors, coroners or medical examiners to identify a deceased person and or determine the cause of death.
7. **Cadaveric Organ, Eye or Tissue Donation** - This office may disclose protected health information to facilitate the donation and transplantation of organ or tissue.
8. **Serious threat to health or safety** - This office may disclose protected health information that is believed necessary to prevent or lessen a serious and imminent threat to a person or the public.
9. **Specialized Government Functions** - This office may disclose protected health information for certain government functions. These functions may include; assuring proper execution of a military mission, conducting intelligence and national security activities, providing protective services to the President, making medical suitability determinations for U.S State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conduction enrollment in certain government benefit programs.

Garden State Podiatry, LLC may contact you as a reminder that you have an appointment for treatment or medical care at our office. Garden State Podiatry, LLC may tell you about or recommend possible treatment options or alternatives that may be of interest to you. Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise in writing that you do not wish to receive such communications, we will not use or disclose your information for those purposes. If you provide Garden State Podiatry, LLC with your e-mail address, it is assumed that you are allowing us to contact you electronically. If you initiate an e-mail, you understand the risk of potential cyber interception of your e-mail including any protected health information, as potential disclosures. By sending said e-mail you agree to accept the risk of such communication.

Garden State Podiatry, LLC will, as part of your treatment, obtain your medication history from the pharmacy clearing house. This is considered an essential part of your medical record and is required as part of your medical health history.

Understanding Your Health Information Rights

Your health record is the physical property of the healthcare practitioner or facility that compiled it but the content is about you and, therefore, belongs to you. We are required by law to give you this notice. It will tell you about the ways in which Garden State Podiatry, LLC may use and disclose your health information and about our obligations regarding the use and disclosure of that information. You have the following rights regarding your health information. Garden State Podiatry, LLC is required by law to uphold and comply with these rights in accordance to the Privacy Law.

Right of Access: You have the right to view and obtain a copy of your medical record and other health information in most cases. You have the right to access medical records for up to five years preceding the request. You must submit a written request to Garden State Podiatry, LLC in order to obtain or review a copy of your health information. Your individual request for your Personal Health Information (PHI) can be denied for extreme reasons, such as information which might endanger you or someone else. The doctor may not disclose the health record in its entirety. In most cases, your copies must be provided within 30 days; however this can be extended for an additional 30 days if the provider has given reason. You may have to pay for the cost of copying and mailing. The cost for medical records retrieval copy per page is consistent with the New Jersey State regulations, not to include shipping and handling.

Right to Request Restrictions: Garden State Podiatry, LLC will disclose your health information to those that are reasonably expected to be involved in your care. This office may disclose health care information to a spouse, child, or legal guardian if required identifying information is provided. You have the right to request restrictions on certain uses and disclosures of your PHI. Your rights include being able to restrict or limit the health information we use for disclosure about you for treatment and payment of health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information. The healthcare provider is not required under law to agree with the requested restrictions. A healthcare provider may terminate a restriction agreement upon notifying the individual.

Right to Accounting of Disclosure: You have the right to request an Accounting of Disclosure. This is a list of the disclosures we made of medical information about you for the purpose other than treatment, payment, healthcare operation and a limited number of special circumstances involving national security

correctional instructions and law enforcement. To obtain the list you must submit your request in writing to Garden State Podiatry, LLC.

Right to Request Amend: If you think the information in your medical or billing record is incorrect, you can request that the health care provider or health plan amend the record. The health care provider or health plan must respond to your request. If the provider or plan does not agree to your request, you have the right to submit a statement of disagreement that the provider or plan must add to your record. If your request is not in writing or does not include a reason to support the request we may deny the request to amend. In addition we reserve the right to deny your request for the following reasons:

a) We did not originate the record. b) The record is not a part of the health information Podiatry Associates would keep. c) The Amend you are requesting is inaccurate and incomplete

To request an amendment complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM

Right to Receive Confidential Information: You have the right to receive Confidential Information. You have the right to request and have your healthcare provider communicate via alternative means and locations. For Example: You have the right to ask no messages are left on voice mail or the right to request Garden State Podiatry, LLC not leave messages with any individuals other than the patient. You have the right to request any mailed information, routed to a different location other than what is listed in the Medical Record. In addition, Garden State Podiatry, LLC will not ask you for the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy Of this Notice: You have the right to a paper copy of this notice at any time. Even if the agreed consent is for electronic notification, you are still entitled to a paper copy. To obtain such a copy, contact the Garden State Podiatry, LLC.

Our Responsibilities

Garden State Podiatry, LLC is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the terms of this notice which is currently in effect and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations.

Garden State Podiatry, LLC reserves the right to change the terms of this notice and to make any new notice provisions effective for all confidential information which it maintains. These changes must be in accordance to the Privacy Law changes and updates. Garden State Podiatry, LLC will provide you with notification of these modifications in the following manner:

A. Updated Privacy Changes posted in the facility B. Garden State Podiatry, LLC's website (www.gardenstatepodiatrist.com) or the patient portal C. Privacy Notice upon your consequent visit following the modifications.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Garden State Podiatry, LLC.

Acknowledgement of receipt of Notice of Privacy Practices

I hereby acknowledge that Garden State Podiatry, LLC has provided me with or directed me to a copy of the Notice of Privacy Practices.

Patient Name

Date

Parent or Legal Guardian (if applicable)

Signature