

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed. It also describes how you can access such information

Please review it carefully. The privacy of your medical information is important to us.

Active Ankle & Foot Care Specialist is providing you with the Notice of Privacy Practices. This Summary Notice provides a summary of Active Ankle and Foot Care Specialists Notice of Privacy Practices and briefly states:

- How your health information may be used and disclosed;
- Your rights regarding your health information; and
- Our legal duty to protect the privacy of your health information.

Our Pledge To You We recognize that health information about you is personal. We are committed to protecting the confidentiality of your health information.

Your Health Information Health information is any information we create or receive about you and your past, present, or future:

- Physical or mental health or condition
- Health care
- Payment for healthcare

Some examples of health information are:

- Prescriptions
- Insurance and billing information
- Eligibility and enrollment
- Examination, diagnosis and/or findings and treatment
- Name, age, home address
- Prosthetics
- Payment for health care

Our records containing your health information are the property of Active Ankle & Foot Care Specialist. We will give a copy of your health information to you upon your written request, unless prohibited or restricted by law. However, you must follow Active Ankle and Foot Care Specialist procedures to obtain the information.

How We May Use and Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information. However, Federal law allows us to use and disclose your health information without your permission for certain purposes, including the following:

TREATMENT: We may use and disclose protected health information to provide, coordinate or manage your health care and any related services. This includes coordination of health care with a third party. Examples include disclosing health care information to a home health agency to coordinate necessary health care and provide care to you. We may disclose protected health care information to physicians who may be treating you or to a physician whom you have been referred. This is to ensure the physician has the adequate information to coordinate a treatment plan with the necessary diagnosis.

Your protected health information may be disclosed to another physician or health care provider who, at the request of your physician, becomes involved in your care providing assistance with health care diagnosis or treatment to your physician.

PAYMENT: When needed your health information will be used to obtain payment for your health care services. This can include certain activities that your health insurance plan may undertake before it approves or pays for healthcare services we have recommended for you. This includes making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you and undertaking utilization review activities. For example obtaining approval for surgical procedures may require that your protected health information be disclosed to the insurance provider to obtain approval for a specific procedure.

HEALTH CARE OPERATIONS: Your protected health care information may be disclosed to conduct certain business and operational activities. Activities include, but are not limited to, quality assessment, employee review activities, training of students, licensing, and conducting or arranging for other business activities.

We will share your protected health information with third party business associates that perform various services (i.e. Billing, medical record services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information as necessary, to provide you with the information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example your name and address may be used to send you a newsletter about our practice and the services we offer. We may send you a reminder about your appointment as well.

OTHERS INVOLVED IN YOUR HEALTHCARE: Unless you object, we may disclose to a relative, close friend or any other person you identify your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of our location, general condition or death.

RESEARCH, DEATH, ORGAN DONATION: We may use or disclose your protected health information for research purposes in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, protected health examiner, funeral director or organ procurement organization for certain purposes.

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 or 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 public health authorities for public health purposes.

HEALTH OVERSIGHT: We may disclose 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 health care 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 to the governmental entity or agency authorized to receive such information. 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 require 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: Consistent with applicable federal and state laws, we may disclose your protected health information, 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 public. We may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

REQUIRED BY LAW: We may use or disclose your protected health information when we are required to do so by law. 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 workers' compensation or similar laws.

PROCESS AND PROCEEDINGS: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. 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 information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

All other uses and disclosures of your health information will not be made without your prior written Authorization.

Your Privacy Rights. You have the right to:

- Review your health information;
- Obtain a copy of your health information;
- Request your health information be amended or corrected;
- Request that we not use or disclose your health information;
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner;
- An accounting or list of disclosures of your health information.

Patient Rights

ACCESS: You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your protected health information. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge \$0.25 for each page, \$25 per X-ray CD and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

ACCOUNTING OF DISCLOSURES: You have the right to receive a list of instances in which our practice disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities.

RESTRICTION REQUESTS: 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 (except in an emergency). 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.

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 may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

CHANGES: We reserve the right to change our Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

QUESTIONS AND COMPLAINTS

If you are concerned that your privacy rights have been violated, you may file a complaint to Active Ankle and Foot Care Specialist. To file a complaint with the practice you may contact the office at 404- 373- 7004. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

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, you may complain to us using the contact information above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information.