

Premier Foot & Ankle, PLLC

November 1, 2016

PRIVACY POLICY

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.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT A MANAGER AT 586-948-9417.

Your medical information is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this office whether made by your personal physician or one of the other office employees.

This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

This office is required by law to:

1. make sure that medical information that identifies you is kept private:
2. give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
3. follow the terms of the Notice that is currently in effect.

HOW THIS OFFICE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following describes the different ways that your medical information may be used or disclosed by this office. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

For Treatment: We will use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, and other office personnel who are involved in providing your medical treatment.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at this office may be billed to an insurance company, or a third party. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at this office.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes.

As Required By Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities: We may disclose medical information to a governmental or other oversight agency for activities authorized by law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may use your medical information to defend the office or to respond to a court order.

Law Enforcement: We may release medical information about you if required by law when asked to do so by a law enforcement official.

Coroners and Medical Examiners: We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Your Rights Regarding Your Medical Information:

You have the following rights regarding the medical information this office maintains about you:

Right to Inspect and Copy: You have the right to inspect and copy your medical information.

To inspect and copy your medical information, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- (a) Was not created by us
- (b) Is not part of the medical information kept by this office
- (c) Is not part of the information which you would be permitted to inspect and copy: or
- (d) Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" This is a list of the disclosures this office has made of your medical information. To request this accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 15, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. *We are not required to agree to your request for a restriction.* If we do agree, we will comply with your records unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing.

Right to Request Confidential Communications: You have the right to request that we communicate with you only in a certain manner. For example, you ask that we only contact you at work or by mail. To request confidential communications you must make your request in writing. 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.

REVISIONS TO THIS NOTICE

We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any Notice in this office. Any revised Notice will contain the effective date under the practice name on the top of the first page. In addition, each time you visit the office we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, submit in writing to the attention of the office manager.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this Notice of Privacy Practice will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

FINANCIAL ARRANGEMENTS AND INSURANCE

We are committed to providing you with the best possible care. If you have insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

Copays and non-covered services are due at the time services are rendered. There is a \$5.00 processing fee for copays and non-covered services that are not paid at the time service is rendered. A \$5.00 fee will also apply to patients that have not made payment since the previous month's statement.

There is a \$25.00 charge for missed appointments without a 24 hour notice.

It is necessary for you to understand your benefit coverage. We accept cash, checks, MasterCard, Visa, Discover, American Express. Returned checks will be subject to an additional fee of \$30.00.

We realize that financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in management of your account. Accounts 90 days past due will be transferred to our collection agency. For billing arrangements please call (586) 948-9417.

