 ***Columbus Foot & Ankle, P.C.***  

Troy D Espiritu, DPM, FACFAS 1013 Centre Brook Ct Ste B Nicholas C Smith,DPM, FACFAS

 Columbus, Georgia 31904

 T: (706)653-5501 F: (706)653-5504

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED/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 law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notices 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 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 effective for all health information that we maintain, including health information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the top of this notice.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and healthcare operations. Following are examples of the types of uses and disclosures of your protected healthcare information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**TREATMENT**: We may use and disclose your health information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician whom you have been referred to ensure the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**PAYMENT**: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for protected health necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital say may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

We may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. Additionally, we may use or disclose your information, as necessary, to contact you as a reminder of your appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g. billing, transcription 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.

**USES AND DISCLOSURES BASED ON YOUR WRITTEN AUTHORIZATION**: Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health information for any reason except those described in this notice.

**OTHERS INVOLVED IN YOUR HEALTHCARE**: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your healthcare. 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 judgement. We may use or disclose personal health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death.

**MARKETING**: We may use your personal health information to contact you with 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. Unless the information is provided to you by a general newsletter, in person, or is for products/services of nominal values, you may opt out of receiving further information by telling us using the contact information listed at the beginning of this notice.

**RESEARCH, DEATH, ORGAN DONATION**: We may use your personal health information for research purposes in limited circumstances. We may disclose the personal 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 a government agency authorized to oversee the health care system, 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 las, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit progress, other government regulatory programs and civil rights laws.

**ABUSE AND 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 you have been a victim or 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 required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviates; 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 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 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 participate in a crime or has escaped from lawful custody.

**PATIENT RIGHTS**

**ACCESS**: We have the right to look at or get copies or 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 heath 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 you $.25 for each page or $10.00 per hour to locate and copy your protected health information, 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.

For any legal paperwork (FMLA, Disability, Military, Etc.) requested to be filled out by our physicians and or staff there will be a $25.00 charge. This fee will be due when the paperwork is picked up.

**ACCOUNTING 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, health care operations, and certain other activities after April 14, 2003. After April 14, 2009, the accounting will be provided for the past six (6) years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

**RESTRICTION REQUESTS**: You have the right to request 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 and 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 you 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 is 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.

**ELECTRONIC NOTICE**: If you receive this notice on our website or by electronic mail (email), you are entitled to receive this notice in written form. Please contact us using the information listed at the top of this notice for a written copy.

**QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us using the information on the first page of this notice.

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 at the top of this notice. 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 upon request.