

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, is kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, Landmark Foot & Ankle Center, PC, has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your Protected Health Information for the following purposes:

1. Treatment
2. Payment
3. Health care operations
4. Requirements of law, and
 - Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. This includes the physical examination, scheduling other exams or appointments with other providers, calling in prescription refills, physician-to-physician discussion for coordination of care. Physician to staff discussion for coordination of care, treatment alternatives or other health-related benefits and services that may be of interest to you and may leave messages for you.
 - Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill to your insurance company for payment.
 - Health care operations include the business aspects of running our practice on a daily basis. These functions include: the entire staff having access to your file at some point in the provision of health care to you, to obtain authorization of medications or medical procedures, filing of paperwork, recording phone messages or vitals from your visit, scheduling your appointments with our office and obtaining the medical complaint for your visit, writing referrals for other physicians, and dictating notes to an outside source of your visit.
 - Requirements of law means any activities where release is required by law, including a judicial setting and any health oversight regulatory and law enforcement agencies that by law are entitled to review any or all elements of your PHI.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We reserve the right to update these practices at any given time. You will then be required to review and acknowledge the material changes and may be requested to consent to changes not otherwise supported by the law or the regulations.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction.
- The right to reasonable requests to receive confidential communications of protected health information from us, by alternative means or alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information in certain situations.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required, by law, to maintain the privacy of your protected health information and to provide you with notice of your legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of any revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our office, and/or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of the notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information, or to file a written complaint, you may contact our Privacy Officer at the following address:

Landmark Foot & Ankle Center, PC
5249 Duke St. #212
Alexandria, VA 22304
(703) 370-2313
(703) 370-2490-Fax

For more information about HIPAA or to file a complaint:

Secretary of Health & Human Services
The U.S. Dept. of Health & Human Services
Office of Civil Rights
200 Independence Ave., S. W.
Washington, D. C. 20201
(202) 619-0257
(877) 696-6775-Toll Free

“NOTICE OF PRIVACY PRACTICES”

Acknowledgment of Receipt

By signing this page, I acknowledge having received the HIPAA notice from Landmark Foot & Ankle Center, PC that describes how medical information about me may be used and disclosed.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

Witness: _____