

Alaska Foot & Ankle Specialists

NOTICE OF PRIVACY PRACTICES

Effective Date November 17, 2003



Alaska Foot & Ankle
Specialists

THIS DOCUMENT DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND THE PROCESS NECESSARY TO ACCESS THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

USES AND DISCLOSURES

Treatment: Staff, doctors, nurses, technicians, or other medical personnel may use your information to evaluate your health, diagnose medical conditions and provide treatment. For example, laboratory tests results could be used to help us reach a diagnosis.

Payment: Your health information may be used in order to bill and collect payment for the services and items you receive from our practice. For example, your health insurer may request information regarding your treatment to determine coverage.

Health Care Operations: Your health information may be used and disclosed to support the operation of our business. For example our practice may evaluate the quality of care you received from us to assist cost-management or business planning activities.

OTHER USES AND DISCLOSURES

Required By Law: Your health information may be disclosed to law enforcement agencies to support audits, investigations or government-mandated reporting as required by law.

Public Health: Your health information may be disclosed to public health authorities as required by law.

Release of Information to Family/Friends: Your health information may be disclosed to friends or family members who assist in taking care of you.

Health Oversight Activities: Your health information may be disclosed to a health oversight agency for activities authorized by law.

Lawsuits and Similar Proceedings: Your health information may be disclosed in response to a court or administrative order or similar proceedings but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Research: Your health information may be disclosed for research purposes in certain limited circumstances to researchers when approved by an Institutional Review Board and when certain research protocols have been met.

Serious Threats to Health or Safety: Your health information may be disclosed when necessary to reduce or prevent a serious threat to you, another individual or the public. Under these circumstances, we will only make disclosures to help prevent the threat.

Military: Your health information may be disclosed if you are a member of U.S. or foreign military force (including veterans) and if required by the appropriate authorities.

Inmates: Your health information may be disclosed to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement.

Workers' Compensation: Your health information may be disclosed for workers' compensation and similar programs.

YOUR RIGHTS

The following describe your rights under federal privacy standards. These include:



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Confidential Communications: You have the right to request communication about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home, rather than work. To make a request, you must contact our privacy officer in writing and specify the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your health information, you must make your request in writing to the privacy officer. Your request must include the following: (a) The information you wish restricted; (b) Whether you are requesting to limit our practice's use, disclosure or both; (c) To whom you want the limits to apply.

Inspection and Copies: You have the right to inspect and obtain a copy of your health information, including patient medical records and billing records, with some limited exceptions. You must submit your request in writing to the privacy officer in order to inspect and/or obtain a copy of your health information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must submit your request in writing to the privacy officer listing the reason(s) for your amendment. Your request will be denied if you fail to list the reason(s) supporting your request in writing, and if you ask us to amend information that is: (a) accurate and complete; (b) not part of the health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by our practice.

Accounting of Disclosures: All of our patients have the right to request a disclosure. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your health information for non-treatment, non-payment or non-operational purposes. Use of your health information as part of routine patient care, is not required to be documented. For example, any doctor sharing information with a nurse, or billing department in order to process an insurance claim. To obtain a disclosure, you must submit your request in writing to the privacy officer. All disclosure requests must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first request submitted within a 12-month period is free of charge, any additional submissions within the same 12-month period will be charged.

Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of our notice of privacy practices. To obtain a paper copy of this notice, contact the privacy officer.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our privacy officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures: Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. Please note we are required to retain records of your care.

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