

LOCKPORT FOOT CARE, PLLC

HIPAA NOTICE OF PRIVACY PRACTICES

Effective date of this notice: 11/01/2016

Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule: This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully. If you have any questions about this notice, please contact Lockport Foot Care, PLLC at (716) 434-3338.

Our Commitment regarding your Personal Health Information Lockport Foot Care is committed to maintaining and protecting the confidentiality of our employee's personal information. This notice of Privacy Practices applied to Lockport Foot Care, PLLC, organizations health plans covered by the privacy regulations for example health benefit plans, dental plans, employee assistance plans, (EAPs) and pharmacy benefit programs, (collectively, the plans). The plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the plans are bound by the terms of this Notice, or the revised Notice, if applicable.

How We May Use and Disclose Medical Information About You

Model HIPAA Notice of Privacy Practices

Effective Date: 11/01/2016

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 any questions about this notice, please contact Lockport Foot Care, PLLC.

Mailing Address: 6272 Robinson Road, Lockport, NY 14094. Fax: (716) 478-0558.

Our Obligations:

We are required by law to:

Maintain the privacy of protected health information.

Give you this notice of our legal duties and privacy practices regarding health information about you.

Follow the terms of our notice that is currently in effect.

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How We May Use and Disclose Health Information:

The following describes the ways we may use and disclose health information that identifies you (health information). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment related health care services. For example, we may disclose Health Information to other doctors, nurses, technicians, laboratories or other personnel, including people outside our office, who are involved in your medical care and need to information to provide you with medical care.

For Payment. We may use and disclose Health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health information or health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality of care and to operate and manage our office. For example we may use and disclose information to make sure the other health care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment reminders, treatment alternatives and health related benefits and services.

We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We may use a sign in sheet at the front desk and call you by name when we are ready to bring you to a treatment room. We also may use and disclose health information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

Minors. We may disclose the PHI of minor children to their parents or legal guardians unless such disclosure is otherwise prohibited by law.

Individuals involved in your care or payment for your care.

When appropriate , we may share Health Information with a person who is involved in your

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medical care or payment for your care such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity **assisting in a disaster relief effort.**

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use

or disclose Health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

Special Situations:

As Required by law: We will disclose Health Information when required to do so by international, federal, state or local law

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking, or transportation of organs, eyes or tissues to facilitate organ, eye, or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by Military command authorities. We also may release Health

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Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks. We may disclose Health Information for public Health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the Health Care System, government programs, and compliance with civil rights laws.

Data Breach Notification purposes. We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We may also disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons or similar process.; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about a victim of a crime even if under certain very limited circumstances, we are unable to obtain the persons agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises and (6) in an emergency to report a crime, the location of the crime or victims, or the identity , description or location of the person who committed the crime.

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Coroners, Medical examiners and Funeral Directors. We May release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.

Protective Services for the President and others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or individuals in custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to a correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with Health Care; (2) to protect your health and safety or the health and safety of others or (3) the safety and security of the correctional institution.

Uses and Disclosures that Require Us to Give You an Opportunity to Object and Opt

Individuals Involved in Your Care or Payment for Your Care. 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 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 judgement.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization is Required for Other Uses and Disclosures.

The following uses and disclosures of Protected Health Information will be made only with your written authorization:

- 1). Uses and disclosures of Protected Health Information for marketing purposes; and

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2). Disclosures that constitute a sale of your Protective Health Information.

3). Special Protections for HIV information, alcohol and substance Abuse information and Mental Health Information – Patients must individually and expressly authorize the release of alcohol/drug treatment, mental health information and HIV – related information.

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy officer and we will no longer disclose Protected Health Information under the Authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your rights:

You have the following rights regarding Health Information we have about you:

Right to Inspect and copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing to Lockport Foot Care, PLLC. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request you have the right to have the denial reviewed by a licensed health professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form

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will be provided. We may charge you a reasonable cost based fee for the labor associated with transmitting or reproducing your medical record.

Right to get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have 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 or for our office. To request an amendment, you must make a request in writing to Lockport Foot Care, PLLC, 6272 Robinson Road, Lockport, NY 14094. In certain cases we may deny your request for an amendment. If we deny your request for an amendment you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal..

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will inform you of the cost and you may then choose to withdraw or modify your requests before incurring those costs. To request an accounting of disclosures, you must make your request, in writing to Lockport Foot Care, PLLC

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment or Health Care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing, to Lockport Foot Care, PLLC. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we

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agree, we will comply with your request unless the information is needed to provide your with emergency treatment.

Out of Pocket Payments. If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make that request in writing to Lockport Foot Care, PLLC. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.lockportfootcare.biz. To obtain a paper copy of this notice, contact Lockport Foot Care, PLLC.

Changes to this notice: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office as well as on our website. The notice will contain the effective date on the first page, in the top right corner.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the secretary at Lockport Foot Care. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. You will not be penalized for filing a complaint.

You may contact our office at;

Lockport Foot Care, PLLC
6272 Robinson Road

LOCKPORT FOOT CARE, PLLC

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Lockport, NY 14094

fax: (716) 478-0558

To file a complaint with the Secretary, mail it to: Secretary of the US Department of Health and Human Services, 200 Independence Ave, SW, Washington, DC 20201. (877) 696-6775 or go to the website of the Office of Civil Rights, www.hhs.gov/ocr/hipaa/ for more information.

The Plans may change the terms of this Notice at any time. If the Plans change this notice, the plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.