

Palmetto Podiatry Associates, LLC
Notice of Privacy Practices (HIPAA)

This notice is required by law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS YOUR PROTECTED HEALTH INFORMATION (PHI)

PLEASE REVIEW THIS NOTICE CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT US (803)376-1717

OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices we have in effect.

WE ARE REQUIRED BY LAW TO:

1. Ensure that your PHI is kept private, except when such information is required to be disclosed by law.
2. Provide you this notice of our legal duties and privacy practices with regards to your PHI and abide by the terms of this notice.
3. Disclose how we use and share your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any records that we may create or maintain in the future. A copy of these Notices will be posted/available in our office, and you may request a written copy at any time.

WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

Treatment: We may use your PHI to provide, coordinate and manage your treatment or services. We may disclose your PHI with other doctors, nurses, specialists, technicians, pharmacists and therapists.

Payment: We may use and disclose your PHI in order to submit, bill and collect payment for the services you receive from our practice. This information may be disclosed to medical insurance companies and/or a third party.

Healthcare Operations: Our practice may use and disclose your PHI to operate our business. We may use your information to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice.

Business Associates: We may disclose your PHI to our business associates who perform functions on our behalf. For example, we may use another company to do our billing, or provide transcription or consulting services to us. All of our business associates are obligated by law and under contract to protect the privacy of PHI.

Appointment Reminders and Alternative Treatments: Our practice may use your PHI to provide you with information about appointment reminders or potential alternative treatment options or health related benefits and services that may be of interest to you.

Workers Compensation: We may release your PHI to comply with workers compensation laws.

Legal Proceedings: By law we are required to release your PHI upon a court or administrative order, or by subpoena, discovery request or other lawful process.

As Required by Law: We may disclose your PHI to federal, state and local officials when required to do so by law.

Public Safety and Health: We may release your PHI to federal, state and local agencies when necessary to; prevent/control disease, injury or disability; to report abuse or neglect; to report adverse events, product defects or drug reactions; to participate in product recalls; to prevent a serious health threat and notify a person who may have been exposed to a communicable disease.

Family and Friends Involved in your Care: Our practice may release or disclose your PHI to a family member or friend who is involved in your care. If you need emergency treatment and we're unable to obtain consent, we may share your health information with a family member or person who is involved in your care.

Military, Veterans and National Security: We may release your PHI for specialized government purposes or for national security purposes.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

Amendment: If you believe the health information we have about you is incorrect or incomplete, you have the right to ask us to amend, modify or edit the information. Your request must be in writing and you must provide your reason for the request. Please submit your request to: Palmetto Podiatry Associates, LLC, Custodian of Records, 1730 Henderson St., Ste. B., Columbia, SC 29201. If your request is denied you have the right to provide a written statement with your dispute. Your statement will become a part of your PHI.

Accounting Disclosures: You have the right to request a list of disclosures of your PHI that have been made for purposes other than treatment, payment, healthcare options and certain other limited purposes. Your written request must state a time period and may not be longer than six years prior your dated request. The request may not include any dates prior to April 14, 2003. The first requested list in a twelve month period will be free of charge. There may be a charge for additional 12 month periods after your initial request. You will be notified of cost involved and have an opportunity to withdraw your request.

Paper Copy of this Notice: At any time, you have a right to a paper copy of this notice, even if you have previously declined a copy. To obtain a copy please contact our office either by mail or phone.

Inspect and Copy your PHI: You have the right to inspect and copy your PHI. For your security, you must make a signed request for the documents. It may take up to 30 days to complete your request. There may be an administrative charge for the copy of your PHI. We may deny your request to inspect and copy your PHI in certain limited circumstances. If your request is denied, you will receive a written denial and information regarding how your denial may be reviewed.

Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or place.

Request Restrictions: You have the right to request that we limit or restrict information we use or give out about you for treatment, payment or healthcare options.

Revoke Authorizations: 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 may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reason provided in your authorization. You understand that such revocation will not impact any uses or disclosures that occurred while your authorization was in effect.

To Report a Problem: If you have questions, would like additional information or believe your privacy has been violated, you may file a complaint by calling the Privacy Officer at (803)376-1717. You will not be penalized for filing a complaint.

Other Uses or Disclosures of your Health Information: Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your prior written authorization and consent.