

# *De La Sole Podiatric Medical Services LLC*

## NOTICE OF PRIVACY POLICIES

### **Purpose:**

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. This notice takes effect on January 1, 2015 and remains in effect until further notice.

### **1. OUR PLEDGE REGARDING MEDICAL INFORMATION**

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### **2. OUR LEGAL DUTY**

Law requires us to:

Keep your medical information private

Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information

Follow the terms of this notice which is now in effect.

We have the right to:

Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

Make the changes in our privacy practices and the new forms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices

Before we make an important change to our privacy practices, we will change this notice and make the notice available upon request.

### **3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section briefly describes different ways that we use and disclose medical information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, we have listed all the different ways we are permitted to use and disclose medical information for any purpose not listed below, without your specific written authorization. Any specific authorization you provide may be revoked at any time by writing to us.

#### **For Treatment:**

We may use medical information about you to provide you with medical treatment services. We may disclose medical information about you to doctors, nurses, technicians, students or interns, or other people who are taking care of you. We may also share medical information about you to other health care providers to assist them in treating you.

#### **For payment:**

We may disclose your medical information for payment purposes

#### **For Health Care Operations:**

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation certificate, licenses and credentials we need to serve you.

#### **Additional Use and Disclosures**

In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes: Notification: Medical information to notify or help notify:

A family member

Your personal representative

Another person responsible for your care

We will share your information about your general conditioner death. If you are present, we will get your permission if possible before we share or give you an opportunity to refuse permission. In case of emergency we will share only the health information that is directly necessary for your health care, according to our professional judgement to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, X-ray or medical information for you.

#### **Research in limited Circumstances:**

Medical information for research purposes where in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information

#### **Public Health Activities:**

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse effects associated with product defects or problems to enable product recalls, repairs or replacements to track products or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

#### **Victims of Abuse, Neglect or Domestic Violence**

We may disclose medical information to appropriate authorities if we reasonably believe that you a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health and safety or the health and safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

**Health Oversight Activities**

We may disclose medical information to an agency providing health oversight activities authorities by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

**Law Enforcement:**

Under certain circumstances we may disclose health information to law enforcement officials, these circumstances include reporting required by certain laws pursuant to certain subpoenas or court order, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on the site premises and crimes in emergencies

**YOUR INDIVIDUAL RIGHTS**

-You may look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for use to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice.

-Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, health care operations or other specified exceptions.

-Request that we place additional restrictions on our use of disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in cases of emergencies)

-Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.

-Request that we change your medical information. We may deny your request if we did not create the information you wanted changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change this information, the change will be made in your file.

-If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact information listed at the end of this notice.

**Questions and Complaints**

**If you have any questions about this notice, please contact Dr. Kiana Trent  
De La Sole Podiatric Medical Services LLC (443) 399-3758**

We reserve the right to change the terms of this notice at any time. We reserve the right to make new notice provisions effective for all health information we maintain, as well as any information that we will receive in the future.