
Notice of Medical Privacy Practices

This notice is effective as of April 14, 2003, and we are required by law to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new provisions effective for all protected health information that we maintain. We will post, and you may request, a written copy of a revised Notice of Privacy Practices from Ambulatory Foot & Ankle Center, P.C.

We have designated the Practice Manager as Privacy Officer for you to consult to address any questions or concerns you may have about your PHI. You may reach the Practice Manager by calling (757) 825-5783, or writing to 1618 Hardy Cash Drive, Hampton, VA 23666.

You are receiving our current Privacy Notice and are asked to sign our acknowledgement that you have received it. You may provide the signed acknowledgement by signing the last page of this Privacy Notice and returning it to a physician or staff member of Ambulatory Foot & Ankle Center, P.C. You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice of the policies and procedures of our office. We will not retaliate against you for filing a complaint.

*“The most important feet
that walk through these doors
belong to our patients”*



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1618 Hardy Cash Drive
Hampton, VA 23666
(757) 825-5783

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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 all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or verbally, are kept properly confidential. HIPAA gives you, the patient, penalties for covered entities that misuse personal health information.

As required by HIPAA, Ambulatory Foot & Ankle Center, P.C. 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.

Ambulatory Foot & Ankle Center, P.C. may use and disclose your medical records only for the following purposes:

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sending a bill for your visit to your insurance company.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collecting activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Worker's Compensation means we may release personal health information (PHI) about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- Healthcare operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.
- As required by law we will disclose PHI about you when required to do so by federal, state or local law, such as subpoena of records.

We may also create and distribute unidentifiable health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

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 said written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Practice Manager.

- 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(s) identified by you. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and receive copies of your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice upon request.

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