

## **Notice of Privacy Practices**

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 practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive.

### **Treatment, Payment and Health Care Options:**

**Treatment:** We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of a specialist. When we refer you to a specialist we will share some or all of your medical information that the physician may need.

**Payment:** we are permitted to use or disclose your medical information to bill and collect payment for services provided to you. For example, we may complete a claim for to obtain payment from your insurer or HMO. The form will contain medical information such as description of the medical service provide to you.

**Health Care Operations:** We are permitted to use or disclose your medical information for the purposes of health care operations which are activities that support this practice and ensure that quality care is delivered. For example we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations of the law.

### **Disclosures that can be made without your authorization:**

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before disclosing any health information about you. If you choose to sign and authorize to disclose information you can later revoke that authorization in writing to stop future uses and disclosures. However any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

### **Public, Health, Abuse or Neglect and Health Oversight:**

Public health activities are mandated by federal, state or local government for the collection of information about disease, vital statistics or injury by a public health authority. We may disclose medical information if authorized by law to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products or to notify people of

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recalls of products they may be using. We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled. We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws such as civil right laws.

### **Legal Proceedings and Law Enforcement:**

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process such as a warrant or subpoena.
- Pertains to a victim of crime and you are incapacitated
- Pertains to a person who has died under circumstances that may be related to a criminal conduct.
- Is about a victim of a crime and we are unable to obtain the persons agreement
- Is released because of a crime that has occurred on these premises
- Is release to locate a fugitive, missing person or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Inmates:**

If you are and inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with the medical care, to protect your health and the health and safety of others or for the safety and security of the institution.

### **Military, National Security and Intelligence Activities, Protection of the President:**

We may disclose your medical information for specialized governmental functions such as separation or discharge from military services, requests as necessary by appropriate military command officers (if you are in the military), authorized national security intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials or foreign heads of state.

### **Research, Organ Donation, Coroner, Medical Examiner and Funeral Directors:**

When a research project and its privacy protections have been approved by an Institutional Review Board or Privacy Board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of

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facilitation organ, eye or tissue donation if you are a donor. Also we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

### **Your right under Federal Privacy Regulations:**

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required to the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

### **Requested Restrictions:**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment or healthcare operations. We do not have to agree to this restriction but if we do agree we will comply with your request except under emergency circumstances. To request a restriction, submit the following in writing (a) The information is restricted, (b) What kind of restriction you are requesting and (c) To whom the limits apply. Please send the request to the address and person listed on the following page.

You may also request that we limit disclosure to family members, other relatives or close personal friends that may or may not be involved in your care.

### **Receiving confidential communications by alternative means:**

This request must be made in writing to the person listed on the following page. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and if you are directing us to send it to a particular place.

### **Amendment of medical information:**

You may request an amendment of your medical information in the designated record set. Any request must be in writing. We may refuse to allow an amendment if the information wasn't created by this practice or the physicians in this practice, is not part of the designated record set, is not available for inspection because of an appropriate denial or if the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing.

### **Accounting of certain disclosure:**

The HIPAA privacy regulations permit you to request and us to provide and accounting of disclosures that are other than for treatment, payment, health care operations or made via an authorization signed by you or your representative.

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**Appointment reminders, Treatment Alternatives and other Health related benefits:**

We may contact you by telephone, mail or both to provide reminders or information about your treatment alternatives or other health related benefits and services that may be of interest.

**Complaints:**

If you are concerned that your privacy rights have been violated you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us.

The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services

HIPAA Complain

7500 Security Blvd, C5-24-04

Baltimore, MD 21244

**Questions and Contact person:**

If you have any questions or want to make a request pursuant to the rights described above please contact:

Conroe Foot Specialists

100 Medical Center Blvd., Suite 216

Conroe, TX 77304

Phone: 936-756-9191

Fax: 936-756-9197

This notice is effective on the following date: January 1, 2017.

We may change our policies and this notice at any time and have those revised policies apply to all protected health information we maintain. If or when we change our notice we will post the new notice in the office where it can be seen.