

## NOTICE OF PRIVACY PRACTICE

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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.

### HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

**Right to Notice:** As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), Michael M. Fanous, DPM, Inc. can use your protected health information for the purpose of:

**Treatment:** to provide you with the health care you require, Michael M. Fanous, DPM, Inc. may use and disclose your protected health information to those health care professionals, whether on the Practice's staff or not, so that it may provide, coordinate, plan, and manage your health care. For example, if you require care with a specialist, then we will have to provide the specialist with your personal health information for treatment.

**Payment:** We may use and disclose your protected health information so that we can bill and receive payment for treatment and services you receive at our facility. For example, we may contact your health plan to confirm your coverage or to request coverage information.

### OTHER USE & DISCLOSURES WHICH MAY BE PERMITTED OR REQUIRED BY LAW

**Health Care Operations:** We may use and disclose your personal health information for facility operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use personal health information to evaluate our facility's services, including the performance of our staff.

**Your Authorization:** Most uses and disclosures that do not fall under treatment, payment, health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

**Emergency Situations:** In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your healthcare.

**Marketing:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may also use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to you or other people's health or safety.

**National Security:** We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

**Workers' Compensation:** We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

**Appointment Reminders:** We may use or disclose your health information to provide you with an appointment reminder via phone or letter.

**Your Rights as a Patient:** You have the right to restrict the disclosure of your protected health information (in writing). The request for restrictions may be denied if the information is required for treatment, payment or health care operations. You have the right to receive confidential communications regarding your protected health information. You have the right to receive a copy of your protected health information. You have the right to a paper copy of this notice.

**Legal Requirements:** Michael M. Fanous, DPM, Inc. is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office.

**Complaints:** If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for complaint.

This notice is in effect as of January 2006.