

Cy-Fair Family Foot Care

Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND BILLING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Joint Notice of Privacy Practices applies to the privacy practices of professional staff, employees, volunteers, and Medical Staff for Steven Stanton, DPM, D/B/A Cy-fair Family Foot Care. We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect July 15, 2016, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

Under the Health Insurance Portability and Accountability Act ("HIPAA"), the entities named above may use and disclose your Protected Health Information ("PHI") to facilitate their own treatment, payment and operational activities relating to your care. This Joint Notice of Privacy Practices serves as the Notice of Privacy Practices.

Your Health Information Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- A copy of this Notice. You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Paper copies of this notice may be obtained from our registration desk or at our website www.houstonpodiatry.com.
- Get an electronic or paper copy of your medical record or health and claims record. You may ask to see or get an electronic or paper copy of your medical record or health and claims records and other health information we have about you. Cy-fair Family Foot care may charge you a reasonable, cost-based fee for copying your information. You must make this request in writing.
- Ask us to correct your medical record or your health and claims records. You may ask us to correct your health information or health and claims records if you think they are incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days. You must make your request in writing and you must provide a reason for the request.
- Ask us to limit what we use or share. You may ask us not to use or share certain health information for treatment, payment, or our operations. If you personally pay in full for an item or service or someone other than your health plan pays in full for the item or service on your behalf, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" if you have already paid in full for the item or service unless a law requires us to share that information. Otherwise, we are not required to agree to your request, and we may say "no" if it would affect your care.
- Request confidential communications. You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Cy-fair Family Foot Care will consider all reasonable

requests, and must say “yes” if you tell us you would be in danger if we do not. You must make this request in writing and you must tell us how or where you wish to be contacted.

Get a list of those with whom we’ve shared information. You may ask for a list (accounting) of the times we’ve shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, or health care operations, or certain other disclosures (such as any you asked us to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter time period. We will provide one accounting a year for free but will charge you a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated. You may complain if you feel we have violated your rights by contacting the United States Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized or retaliated against in any way for filing a complaint. We will not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care;

Share information in a disaster relief situation; or

Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information? We may use or disclose, as needed, your protected health information in order to conduct certain business and operational activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by telephone, text, e-mail or mail to remind you of your appointment.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your

name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact us to request that these materials not be sent to you. We typically use or share your health information in the following ways.

Treat you. We may use your health information and share it with other professionals who are treating you. We may share your health information with doctors, nurses, technicians, medical students, or other members of your health care team to keep them informed about your care status or condition as necessary. We also may share your health information with people outside our office who may be involved in your medical care, such as health care providers who will provide follow-up care after hospitalization, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies (verbal or electronic). We share medical records electronically with other health care providers.

Payment. We may use and share your health information to bill and get payment from your insurance company or a third party. For example, we may need to provide your health plan with information about treatment you received for a foot infection so that your health plan will pay us or reimburse you for the treatment. Also, we may share your health information with your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.

Run our organization. We may use and share your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services or improve our services. We can also share your health information in a limited data set, which excludes some identifying information. Cy-fair Family Foot care is not allowed to use genetic information to decide whether to give you coverage or to decide the price of the coverage.

Business Associates. We may share your health information with our business associates for any of the purposes listed above. Whenever an arrangement between Our Offices and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Electronic. We may share your information electronically.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We may share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting births and deaths; reporting suspected abuse, neglect, or domestic violence; reporting reactions to medications or product problems; or preventing or reducing a serious threat to anyone's health or safety. We may share portions of your health information with local, state, and/or federal registry programs as required. We may share your health information for these activities in a limited data set, which excludes some identifying information.

Do research. We may use or share your information for health research. We may share your health information for these activities in a limited data set, which excludes some identifying information.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to ensure we're complying with federal privacy law.

Respond to organ and tissue donation requests. We may share health information about you with organ procurement organizations.

- Work with a medical Examiner or funeral director. We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests. We may use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official or correctional institution; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions. We may share health information about you in response to a court or administrative order, or in response to a subpoena.
- Schools (including Child-Care Facilities, Early Childhood Programs, Primary and Secondary Schools). We may share your immunization records with a school with a verbal authorization sometimes.

Cy-fair Family Foot Care Responsibilities

We are required by law to maintain the privacy and security of your oral, written, and electronic PHI. Cy-fair Family Foot Care maintains policies and procedures intended to protect PHI maintained by Cy-fair Family Foot Care in any form. Workforce members with access to your PHI receive privacy training which covers the how PHI can be used and disclosed and actions they must take to safeguard your information. Our computer systems protect your electronic PHI at all times. We will let you know promptly if an incident occurs that may have compromised the privacy or security of your information. We will not sell your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

Changes to This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office. This notice is effective July 1, 2016.

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact Cy-fair Family Foot Care's Privacy Office at (281) 550-3338.

Privacy Officer is our Office Manager.

Cy-Fair Family Foot Care
7095 B Highway 6 N
Houston, TX 77095

Phone: 281-550-3338
Fax: 281-550-3436