Haycock Foot & Ankle Center
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 . THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and states 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 March 13, 2006, 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.

You may request a copy of our notice (or and subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We will use and disclose your protected health information about you for treatment, payment and health care operations.

Following are examples of the type of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: we will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information , as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In additions, we may disclose your protected health information from time to time to another physician or health care provider(specialist, laboratory) who, at the request of your physician, becomes involved in your care.

Payment: Your protected health information will be used , as needed. To obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insure

Insurance benefits , reviewing services provided to you for protected health necessity, and undertaking utilization review activities. For example, obtaining approval for hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare operations: 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, mail or email to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (billing, transcriptions services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains the terms that will protect the privacy of your protected health information.

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 your 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.

Uses and disclosures based on your written authorization: Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. 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. With out your written authorization, we will not disclose your health care information except as described in this notice.

Others involved in your health care: Unless you object, we may disclose to a member your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that persons involvements in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Marketing: We may use your protected health information to contact you with information about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Research; Death; Organ Donation: We may use or disclose your protected health information for research purpose in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, protected health examiner, funeral director or organ procurement organization for certain purposes.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Health Oversight: We may disclose Protected health information to a health oversight agency for activities authorized by law, such as audit, investigations and inspections.

Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or neglect: We may disclose you protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations; to track products; to enable product recalls; to make repairs or replacement; or to conduct post marketing surveillance as required.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose protected health information, if we believe that the use or the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information it is necessary for law enforcement authorities to identify or apprehend an individual.

Required by Law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Service upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers compensation or similar laws.

Process and Proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

Law enforcement: We may disclose limited information to a law enforcement official concerning the protected health information of suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Patient Rights

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your protected health information. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, there will be a charge to you for each page, for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you. Please contact Kimberly using the information listed at the end of this notice for a full explanation of our fee structure.

Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities after March 13, 2006. After April 14, 2009, the accounting will be provided for the past 6 years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure and certain other information.

HAYCOCK
Foot Ankle
Center

Financial Policy Agreement

It is the goal of Haycock Foot & Ankle Center to have a financial policy that clearly outlines the patient's and the practice's financial responsibilities. We are committed to providing our patients with the best possible medical care while also minimizing administrative costs. This Financial Policy has been established with these objectives in mind, and try to avoid any misunderstanding or disagreement concerning payment for professional services.

- **If we participate with your insurance**, you must pay for all co-payments and deductibles, or any portion of the charges as specified by the plan prior to seeing the doctor. Any medical services not covered by an individual's insurance plan are the patient's responsibility. The cost of any medical supplies are due upon receipt. A deposit of $100 will be required before custom orthotics can be ordered.

- **If we do not participate with your insurance**, our office is happy to prepare and submit the necessary claim forms on your behalf and you will be asked to make a minimum payment at your first visit of $130. You will be reimbursed for any credits to your account once insurance has paid.

- **If you do not have insurance**, you will be asked to make a minimum payment at your first visit of $130 for a new patient and the total payment for an established patient.

- It is your responsibility to provide us with current insurance information and **bring your card to each visit.**

- It is your responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Your visit may be rescheduled if you lack the necessary referral arrangements.

- The staff is happy to help with insurance questions relating to how a claim was filed, or regarding any additional information the carrier might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company.

- Payment for professional services can be made with cash, check, debit or credit card. Visits may be rescheduled to a later date if a financial obligation has not been met. We will not accept your checks if they have previously been returned to us unpaid.

- Adults accompanying any minor child and the parents (or guardians) of the minor child are responsible for payment of the minor's services.

- Questions about financial arrangements should be directed to our Billing Administrator at 419-228-3338 on Mondays or Thursday.