

THE METROPOLITAN FOOT GROUP

Podiatry & Reconstructive Foot Surgery

A dba of Michael H. Loshigian, DPM, PC

Notice of Privacy Practices

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

II WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your health information. We call this information protected health information. The protected health information includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your protected health information. With some exceptions, we may not use or disclose any more of your protected health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at anytime. All changes will apply to the protected health information we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our reception areas. You may also request a copy of this notice from the any of our staff members.

III HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A – Uses and disclosures relating to treatment, payment or health care operation (TPO) that require your prior written consent.

We may use and disclose you protected health information with your consent for the following reasons:

- 1. Treatment** – We may disclose your protected health information to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a podiatric related problem, we may disclose your protected health information to a hospital representative in order to coordinate your care.
- 2. Payment for treatment** – We may use and disclose your protected health information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your

protected health information to our billing department and your health plan to get paid for the health care we provided to you. We may also provide your protected health information to our business associates, such as billing companies, claims processing companies, and other that process our health care claims.

3. **Health care operations** – We may disclose your protected health information in order to operate this medical facility. For example, we may use your protected health information in order to evaluate the quality of health care services that you received or to evaluate the performances of the health care professionals who provided the health care services to you. We may also provide your protected health information to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
4. **Exceptions to consent requirement for treatment, payment and health care operations** – Although your consent is required for numbers 1-3 of this section, above, we may disclose your protected health information to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as we try to get your consent after treatment or we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent if you were able to do so.

B –Uses and disclosures that do not require your consent.

We may use and disclose your protected health information without your consent or authorization for the following reasons:

1. **Federal, state or local law, judicial or administrative proceedings, or law enforcement that requires a disclosure** – We make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
2. **Public health activities** – We report information about deaths and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
3. **Health oversight activities** – We will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **Research purposes** – In certain circumstances, we may provide protected health information in order to conduct medical research.
5. **To avoid harm** – In order to avoid a serious threat to the health or safety of a person or the public, we may provide protected health information to law enforcement personnel or persons able to prevent or lessen such harm.
6. **Specific government functions** – We may disclose protected health information of military personnel and veterans in certain situation. We may also disclose protected health information for national security purposes, such as protection the president of the United States or conduction intelligence operations.
7. **Workers' compensation purposes** – We may provide protected health information in order to comply with workers' compensation laws.

8. Appointment reminders and health-related benefits or services – We may use protected health information to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

C – Disclosures to family, friends, or others – We may provide your protected health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

D – All other uses and disclosures require your prior written authorization. In any other situation not described in sections III A, B, and C above, we will ask for your written authorization before using or disclosing any of your protected health information. If you choose to sign an authorization to disclose your protected health information, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

IV WHAT RIGHTS YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION – You have the following right with respect to your protected health information:

A – The right to request limits on uses and disclosures of your protected health information. You have the right to ask that we limit how we use and disclose your protected health information. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosure that we are legally required or allowed to make.

B – The right to choose how we send protected health information to you. You have the right to ask that we send information to you to an alternate address or by alternate means, for example e-mail instead of regular mail. We must agree to your request so long as we can easily provide it in the format you requested.

C – The right to see and get copies of your protected health information. In most cases, you have the right to look at or get copies of your protected health information that we have, but you must make the request in writing. If we don't have your protected health information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situation, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your rights to have the denial reviewed.

If you request copies of your protected health information, we will charge you \$.75 for each page. Instead of providing the protected health information you requested, we may provide you with a summary or explanation of the protected health information as long as you agree to that and to the cost in advance.

D – The right to get a list of disclosures we have made. You have the right to get a list of instances in which we have disclosed your protected health information. The list will not include the uses or disclosures that you have consented to, such as those made for treatment, payment, or health care operations, directly to you or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or any disclosures made prior to April 15, 2003.

E – The right to correct or update your protected health information. If you believe that there is a mistake in your protected health information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the protected health information is (I) correct and complete, (II) not created by us, (III) not allowed to be disclosed, or (IV) not part of our records. Our written denial will state the reason for the denial and explain your rights to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your protected health information. If we approve your request, we will make the change to your protected health information, tell you that we have done it, and tell others that need to know about the change to your protected health information.

V HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a complaint with our Privacy Officer.

Dr. Michael Loshigian
179-26 Union Turnpike
Fresh Meadows, NY 11366
718-380-7900

VI EFFECTIVE DATE OF THIS NOTICE

This notice will go into effect on **April 15, 2003**