

The
Metropolitan
Foot & Ankle
Group

(a D/B/A of Michael H. Loshigian DPM PC)

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

In accordance with modifications to the Health Insurance Portability and Accountability Act (HIPAA Omnibus Rule), this Notice of Privacy Practices describes the legal obligations of The Metropolitan Foot & Ankle Group (a D/B/A of Michael H. Loshigian DPM PC), how our office may use and disclose your protected health information, and your rights to access and control the use of your protected health information. Protected health information (PHI) is individually identifiable health information related to physical or mental health, provision of health care, or payment for health care.

Under HIPAA, our office is required to abide by the terms of this Notice. The Metropolitan Foot & Ankle Group is required to maintain the privacy of protected health information, to provide you with notice of our office's legal duties and privacy practices regarding your PHI and to notify affected individuals in the event of a breach, and notify you if the security of your PHI has been breached.

We reserve the right to change the terms of this Notice at any time, and any new or revised notice provisions will be effective for all PHI our office maintains. In the event of such revision, you may: call our office to request that a copy of the Notice be mailed to you / emailed to you, request a copy of the Notice at our office/ access the revised version of the Notice on our website.

USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION

1. Permitted uses and disclosures of your PHI

The Metropolitan Foot & Ankle Group may use and/or disclose your PHI to provide treatment, obtain payment for services, and support our office's health care operations.

Treatment is the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. PHI may be disclosed in the course of providing treatment. For example, PHI may be shared with a physician or specialist to whom you have been referred.

Payment means to obtain or provide reimbursement for the provision of health care, including: 1) Determinations of eligibility or coverage and adjudication or subrogation of health benefit claims; (2) Risk adjusting amounts due based on enrollee health status and demographic characteristics; (3) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing; (4) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

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(5) Utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective review of services; and (6) Disclosure to consumer reporting agencies.

Your PHI may be used and disclosed to obtain payment for the health care services you receive. For example, your PHI may be disclosed to your health insurance plan in order to determine whether you are eligible for coverage for services.

Health care operations means any of the following activities: 1) Conducting quality assessment and improvement activities; (2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities; (3) Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care; (4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; (5) Business planning and development; and (6) Business management and general administrative activities.

2. Uses and disclosures of PHI that do not require your authorization

The Metropolitan Foot & Ankle Group is permitted or required to use or disclose protected health information **without your written authorization** under the following circumstances:

1. When required by law;
2. For public health activities, including:
 - Disclosure to a public health authority authorized by law to collect and receive the information to prevent or control disease, injury, or disability,
 - Disclosure to a government agency authorized to receive reports of child abuse and neglect,
 - Disclosure to an authorized individual with respect to the quality, safety, effectiveness of an FDA-regulated product or activity,
 - Disclosure to an individual who may have been exposed to or is at risk of contracting or spreading a disease or condition, if such disclosure is authorized by law,
 - Disclosure to an employer, in limited circumstances related to an employee's work-related illness or injury or workplace-related medical surveillance (notice must be posted in place of employment or written notice must be given to employee), or
 - Disclosure to a school, in limited circumstances related to proof of immunization;
3. Subject to requirements of applicable state and federal laws, when a covered entity reasonably believes an individual to be a victim or abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence (the covered entity is generally required to promptly inform the affected individual when such disclosure has been made);

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4. For authorized oversight activities by health oversight agencies, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight;
5. For judicial and administrative proceedings, in limited circumstances;
6. For law enforcement purposes to law enforcement officials, in limited circumstances;
7. For providing information about decedents to coroners, medical examiners, and funeral directors;
8. For making disclosures to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation;
9. For research purposes, when such research has been approved by an Institutional Review Board or privacy board;
10. To avert a serious threat to health or safety;
11. For specialized government functions, including but not limited to military and veterans activities, national security and intelligence activities, and provision of protective services to the President; or
12. To comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

3. Uses and disclosures of PHI that require your authorization

The Metropolitan Foot & Ankle Group must obtain your written authorization to use or disclose your PHI in the following instances:

1. When use or disclosure is of psychotherapy notes, except when such use or disclosure is to carry out specified treatment, payment, or health care operations;
2. When use or disclosure is for marketing; and
3. When use or disclosure constitutes a sale of PHI.

Unless otherwise permitted or required by law, The Metropolitan Foot & Ankle Group is required to obtain your written authorization to use and/or disclose your PHI. You may revoke your authorization in writing at any time.



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YOUR RIGHTS

You have certain rights to access and control your PHI.

1. You have the right to ask that we do not use or disclose your PHI to carry out treatment, payment, or health care operations or to provide notification to the family members or friends involved in your care. If you have paid The Metropolitan Foot & Ankle Group in full for a service or item, and you ask our office not to disclose PHI pertaining to that service or item to a health plan, The Metropolitan Foot & Ankle Group must agree to the request. However, our office is not required to agree to other restrictions. If our office agrees to the requested restriction, we will not be permitted to use or disclose PHI in violation of the restrictions, except when such PHI is needed to provide emergency treatment.
2. You have the right to receive confidential communications of PHI at alternate locations and/ or by alternative means. Our office will accommodate reasonable requests and may require such requests to be in writing,
3. You have the right to inspect and obtain a copy of your PHI, subject to certain restrictions, limitations, and exceptions.
4. You have the right to request an amendment to PHI or a record contained in a designated record set. Our office may require such requests to be in writing and include a reason for making the request. Our office may deny the request if our office did not create the PHI or record, if the record is not available for inspection, or if the information in the PHI is complete and accurate. If our office denies your request, you may file a statement of disagreement with the practice for inclusion in your chart. This statement of disagreement would be provided along with any subsequent disclosure of the accompanying PHI related to the disagreement.
5. You have the right to receive an accounting of disclosures we have made of your PHI, subject to certain restrictions, limitations, and exceptions.
6. You have the right to receive a paper copy of this Notice upon request.

Complaints

If you believe that your privacy rights have been violated, you may complain to our office or to the federal Secretary of Health and Human Services. A complaint may be filed with our Privacy Officer @ 718-380-7900. Our office will not retaliate in any manner against anyone filing such a complaint.

Contact

If you would like further information regarding your protected health information, your rights, or our office's obligations under HIPAA, please contact our Privacy Officer @ 718-380-7900

The effective date of this Notice is July 1, 2019.