

## **NOTICE OF PRIVACY PRACTICES STATEMENT**

Dear Patient,

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

### **YOUR PRIVACY IS IMPORTANT TO US.**

At West Ten Podiatry Centre we are committed to providing you with the best medical care and service. And while information about you is fundamental to our ability to accomplish this, we fully recognize the importance of keeping personal and account information secure.

In order to offer you the best medical care and service, West Ten Podiatry Centre may need to share information about you both within West Ten Podiatry Centre and outside of West Ten Podiatry Centre with other medical facilities, physicians, and with insurance companies. This allows us to offer you and provide you with the best medical care and services that you require and to best meet your needs. We want you to understand our information safeguards, what information we collect, what information we share and what information is necessary for us to share in order to benefit you and your medical care.

This notice describes the privacy practices of West Ten Podiatry Centre Inc. governed by the laws of Pennsylvania and the United States of America. This notice explains West Ten Podiatry Centre's information collection and sharing practices. It lets you choose whether or not West Ten Podiatry Centre may share certain information about you, either within West Ten Podiatry Centre or outside of West Ten Podiatry Centre with other hospitals, physicians and/or insurance companies.

### **SECURITY PROCEDURES**

West Ten Podiatry understands the importance of protecting and securing the privacy of your medical information and using it appropriately. Access to your medical information is restricted to West Ten Podiatry Centre and:

1. Those who assist us in providing you with medical care and treatment, when appropriate (e.g.: Hospitals, Other physicians involved with your care, laboratories) and
2. Those who assist us in your insurance claim processing when appropriate (e.g.: Insurance Companies, Electronic Claim providers.)

West Ten Podiatry Centre complies with the federal standards for the security of your medical/personal information.

When West Ten Podiatry Centre is required to share information about you with other hospitals, other physicians, insurance companies, Attorneys or others we require them to impose safeguards and use the information only for the permitted purpose. We also limit the amount of information shared, to what is appropriate. West Ten Podiatry Centre maintains an accounting disclosure list of non-routine disclosures of your medical record.

### **INFORMATION WE COLLECT**

West Ten Podiatry Centre collects and uses personal information about you in order to conduct our business and to deliver to you the quality of service you expect from us. Sources of information include:

Patient information demographics (e.g.: address, telephone number, social security number, date of birth, etc.)

Patient history information (e.g.: family history, social history, allergies, medications etc.)

Problem history (e.g.: current medical condition)

Personal history (e.g.: family physician, your employer, spouse's employer, insurance carrier, etc.)

(OVER)

## **INFORMATION WE SHARE WITHIN WEST TEN PODIATRY CENTRE**

West Ten Podiatry Centre may need to share all of the information we collect about you with other physicians and employees within West Ten Podiatry Centre in order to better serve your medical or financial (insurance) needs.

## **INFORMATION WE SHARE WITH OTHERS**

When addressing your medical care and treatment it is sometimes necessary to share your medical/personal information with hospitals and other health care providers, family members and others whose interests are also providing you with the best medical care.

When addressing your insurance claim needs it is necessary to share your medical/personal information with your insurance company in order to process your claims. In certain circumstances, such as electronic claim filing, your information is sent through an insurance clearinghouse that forwards the information to your insurance company.

When necessary, your medical/personal information may need to be shared with an Attorney, legal and/or law enforcement agencies.

In all of these circumstances, West Ten Podiatry Centre will abide by the applicable laws protecting your medical/personal information.

## **OTHER INFORMATION USES AND DISCLOSURES**

The following descriptions include examples. Not every possible use or disclosure for treatment, payment and health care operations purposes will be listed.

**TREATMENT:** We share and discuss a patient's medical information with other practice physicians, other office medical staff involved in your care, outside physicians whom we refer or consult in your care, hospitals or surgery centers, outside laboratories, radiology centers, home health agencies, durable medical equipment agencies or other facilities where we refer you for treatment and/or testing. (Example: A copy of your lab results may be sent to your family physician or other specialist we refer you to for further treatment.)

**PAYMENT:** We share only the necessary information to submit claims, the necessary information required by insurance companies to determine coverage eligibility and covered services, quality assurance audits, billing statements to designated family member, collection agencies, attorneys and consumer reporting agencies. (Example: Your social security number is the same as your insurance company policy number)

**HEALTH CARE OPERATIONS:** Activities conducted to operate the practice include a patient sign in sheet, the paging of patients in the waiting room when it is time to go to the examining room, making appointment reminder calls, including leaving messages on answering machines or with the person answering the phone, notification of test results by mail or fax, billing statements with our name and address, and the corporation attorney for any legal issues.

## **INFORMATION ABOUT YOUR CHOICE**

We at West Ten Podiatry Centre are dedicated to servicing your medical needs and respect your choices related to your privacy. You may choose to tell us not to share specific information related to your medical/personal information. You are entitled to a copy of our privacy practices. By submitting a written request to our office, you have the right to file a complaint with our office if you believe your privacy rights have been violated. With written authorization, and if reasonably applicable, you have the right to authorize other uses and disclosures. You have the right to inspect, amend, correct, complete, copy and obtain an accounting of disclosures.

## **GENERAL INFORMATION**

This information is being provided to you so that you are advised of how your medical/personal information is used. West Ten Podiatry Centre will only use your information to provide medical care and treatment, to assist you in processing your insurance claims and according to the laws established by the state of Pennsylvania and the United States of America.

The terms of this notice apply to all records containing your individual identifiable health information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your medical records that our practice has created or maintained in the past or create and maintain in the future. Our practice will post a copy of our current notice in our office waiting area. You may also request a copy of our most current notice at any time. We respect your right to privacy.