

## **Lighthouse Family Foot and Ankle Center, PC**

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### **NOTICE OF PRIVACY PRACTICES**

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

#### **INTRODUCTION**

This Notice of Privacy Practices describes how Michele N. Kurlanski, DPM, Lighthouse Family Foot and Ankle Center, PC, may use and disclose your protected health information to provide treatment to you; to seek payment for the medical services you receive; and to support the legitimate health care operations of our practices.

Protected health information includes your demographic information such as name, address, telephone number, and family; past, present, or future information about your physical and mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you.

The Notice describes uses and disclosures of protected health information to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your protected health information.

This Notice is effective from this day November 22, 2006. We may amend this Notice of Privacy Practices periodically and you may obtain a current copy of the Notice by contacting the office staff at any time.

We regard the safeguarding of your protect health information as an important duty. The elements of this Notice, the consent you have signed, and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of protected health information necessary to support your relationship with Michele N. Kurlanski, DPM.

## **SAFEGUARDING PROTECTED HEALTH INFORMATION WITHIN THE OFFICE**

We have in place appropriate administrative, technical, and physical safeguards to protect the privacy of your protected health information. We regularly train our staff on the obligation to protect the privacy of your protected health information. We hold medical records in a secure area within the office. Only staff members who have a “need to know” are permitted access to your medical records and other protected health information. Our staff understands the legal and ethical obligation to protect your protected health information and that a violation of this Notice of Privacy Practices will result in discipline in accordance with our personnel policy.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN CONSENT**

You signed our “Consent to Use and Disclosure of Protected Health Information” when you joined our practice. Based upon this consent, our practice will use and disclose your protected health information for the following types of activities.

**Treatment:** Treatment means the provision, coordination, or management of your health care and related services by Michele N. Kurlanski, DPM and other health care providers involved in your care. It includes the coordination or management of health care by a provider with a third party, consultation between our practice’s referral of you to a specialist physician or other practitioner or facility, such as a laboratory.

**Payment:** Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims management, and collection activities. Payment also may include your insurance carrier’s work in determining eligibility, claims processing, assessing medical necessity, and utilization review.

**Health Care Operations:** Health care operations means the legitimate business activities of our medical practice. These activities include, for example, quality

assessment and improvement activities; practitioner performance evaluation; fraud & abuse compliance; business planning & development; and business management & general administrative activities. For example, we may use a patient sign-in sheet at the front desk; we may call you by name in the waiting room when we are ready to serve you; and we may leave a reminder appointment on your answering machine or voicemail. Also, we may send you a newsletter about our practice. When we involve third parties such as billing services, in our business activities, we will have them sign a “business associate” agreement obliging them to safeguard your protected health information according to the same legal standards we follow. If we maintain a facility directory, we will include your name, a general statement about your condition, your religious preference, and your location in the facility.

### **FAMILY INVOLVED IN YOUR CARE**

You have consented to disclosure of protected health information that, in Michele N. Kurlanski, DPM’s judgement, is in your best interest to disclose to your family members who are involved in your health care.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION UPON YOUR WRITTEN AUTHORIZATION**

In some circumstances we may use or disclose your protected health information without your consent or authorization. State and Federal privacy law permit or require such use or disclosure regardless of your consent or authorization because it is in the best interest of our society at large that the use or disclosure of protected health information be made in these situations.

Emergencies: If you are incapacitated and require emergency medical treatment, we will use and disclose your protected health insurance to ensure you receive the necessary medical services. We will attempt to obtain your consent as soon as practical following your treatment.

Communication barriers: If we try but cannot obtain your consent to use or disclose your protected health information because of substantial communication barriers and your physician, using his or her professional judgment, infers that you consent to the use or disclosure, Michele N. Kurlanski, DPM will make the use or disclosure.

Required by law: We may disclose your protected health information to an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child or adult abuse or neglect law.

Health oversight activities: We may disclose your protected health information to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and the government programs such as Medicaid and Medicare.

Judicial and administrative proceedings: We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order expressly directing disclosure and within certain limits in response to a subpoena, discovery request, or other lawful process.

Law enforcement activities: We may disclose your protected health information to a law enforcement officer for law enforcement purposes.

Coroners, medical examiners, & funeral directors: We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other lawful duties. We also may disclose your protected health information to enable a funeral director to carry out his or her lawful duties.

Research: We may disclose your protected health information for certain medical or scientific research where the researchers have a protocol to ensure the privacy of your protected health information.

Serious threats to health or safety: We may disclose your protected health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Armed forces personnel & national security: We may disclose the protected health information of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your protected health information to certain federal officials for lawful intelligence, counterintelligence, and other national security activities.

Worker's compensation: We may disclose your protected health information as authorized by and to the extent necessary to comply with the Maine Worker's

Compensation Act or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

You & DHHS: We must disclose your protected health information to you upon request and to the Secretary of the U.S. Department of Health and Human Services to investigate or determine Michele N. Kurlanski, DPM's compliance with the privacy laws.

## **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

Right to request restriction of uses and disclosures: You have the right to request that we not use or disclose any part of your protected health information unless it is a use or disclosure required by law. Please advise us of the specific protected health information you wish restricted and the individual(s) who should not receive that restricted protected health information. We are not required to agree to your restriction request, but if we do agree to the request, we will not use or disclose the restricted protected health information unless it is necessary for emergency treatment.

Right of access to protected health information: You have the right to inspect and obtain a copy of your protected health information in a "designated record set" ( your medical and billing records) as long as we maintain the protected health information in such format. However, you do not have a right of access to psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative proceeding. Also, your right of access may be limited if providing certain protected health information to you may endanger the health or safety of yourself or others. To request access to your protected health information, please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. We have the right to charge a reasonable fee for providing copies of your protected health information.

Right to confidential communications: You have the right to reasonable accommodation of a request to receive communication of protected health information by alternative means or at alternative locations. Please make your request in writing. We will not require an explanation of your reasons for the request, but will ask that you specify the alternative address or other method of contact and that you inform us of how payment for our medical services will be handled.

Right to amend protected health information: You have the right to request that we amend the protected health information in your “designated record set” for as long as we maintain the protected health information in such format. Please make your request in writing. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement of reasonable length disagreeing with the denial and we have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical records and may be included in subsequent disclosure of your protected health insurance.

Right to accounting disclosures: Subject to certain limitations, you have the right to a written accounting of disclosures by us of your protected health insurance for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment, or health care operations; to yourself; for a facility directory; to your family involved in your care; or for notification purposes, but no later than 60 days from the date of your request. We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.

Right to a copy of our Notice of Privacy Practices: We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices. We may periodically amend this Notice of Privacy Practices and you may obtain and updated Notice from our Privacy Contact at any time.

## **COMPLAINT PROCEDURE**

Within the practice: If you have a complaint about the denial of any of the specific rights listed in Section 6 above, about our Notice of Privacy Practices, or about our compliance with state and federal privacy law, please make your complaint in writing. We will respond to your complaint in writing within the timeframes listed in the section above or in any case within 60 days of the date of your complaint.

Outside of the practice: If you believe that we are not complying with our legal obligations to protect the privacy of your protected health insurance, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You must make your complaint to the Secretary in writing within 180 days of the act or omission forming the basis of your complaint.

