

# NOTICE OF PRIVACY PRACTICES

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## Momentum Foot & Ankle

609 2nd Loop Rd Ste A Florence, SC 29505  
843-954-3308

**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.**

### I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at this practice to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this podiatry practice.

#### **Our Legal Duty:**

- To maintain the privacy of your protected health information (PHI).
- To give you this notice of our legal duties and privacy practices.
- To follow the terms of the notice that is currently in effect.
- To notify you following a breach of your unsecured PHI.

### II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose health information.

**1. For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you.

*Example:* A podiatrist treating you for a foot ulcer may need to know if you have diabetes because diabetes may slow the healing process. We may also share information with your primary care physician or a vascular specialist to coordinate your care.

**2. For Payment:** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party.

*Example:* We may need to give your health plan information about a matrixectomy you received so your health plan will pay us or reimburse you for the procedure.

**3. For Health Care Operations:** We may use and disclose health information about you for practice operations. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care.

*Example:* We may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**4. Appointment Reminders & Service Alternatives:** We may use and disclose health information to contact you as a reminder that you have an appointment. We may also contact you to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

### **III. SPECIAL SITUATIONS & DISCLOSURES WITHOUT AUTHORIZATION**

We may use or disclose your PHI without your permission in the following circumstances:

**As Required By Law:** We will disclose health information about you when required to do so by international, federal, state, or local law.

**Public Health Risks:** To prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; or to notify a person who may have been exposed to a disease.

**Health Oversight Activities:** To a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

**Lawsuits and Disputes:** In response to a court or administrative order, or in response to a subpoena or discovery request.

**Law Enforcement:** To identify or locate a suspect, fugitive, material witness, or missing person.

**Coroners and Medical Examiners:** To identify a deceased person or determine the cause of death.

**Workers' Compensation:** For programs that provide benefits for work-related injuries or illness.

#### **IV. USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

The following uses and disclosures will be made **only** with your written authorization:

**Marketing:** We will not use your PHI for marketing purposes without your authorization.

**Sale of PHI:** We will not sell your PHI to third parties.

**Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes require your authorization.

**Revocation:** You may revoke an authorization at any time by notifying us in writing.

#### **V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding the health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical and billing records. This includes electronic copies if stored digitally. We may charge a reasonable, cost-based fee for copies.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment, and health care operations.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you. *Note: If you pay for a service in full out-of-pocket, you have the right to request that we do not share info about that service with your health insurer.*

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., cell phone only).

**Right to a Paper Copy of This Notice:** You may ask us for a copy of this notice at any time.

## VI. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility and on our website

## VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

To file a complaint with the practice, contact:

**Privacy Officer:** Dr. Jessica Fink

**Address:** 609 2nd Loop Rd Florence SC 29505

**Phone:** 843-954-3308