

## 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. The purpose of this notification is to describe the legally permitted uses and disclosures of protected health information ("PHI"). This notice also describes your rights to privacy with respect to your PHI.

"HIPPA" is the **Health Insurance Portability and Accountability Act** that was passed in 1996 and became effective on April 14, 2003. Under HIPPA, we are legally required to maintain the privacy of your PHI; this includes any individually identifiable information that relates to your physical or mental health, the healthcare that you have received, your name, address, date of birth, social security number and payment for your healthcare. As your medical provider, we are required to protect and uphold the privacy of your PHI and to expedite your knowledge of your rights within the parameters of HIPPA regulations.

### *Permitted Uses and Disclosures:*

We may use and disclose your PHI in connection with your treatment, or payment for your treatment and for healthcare operations without an authorization and we will make every effort to disclose only the minimum and necessary amount of PHI to achieve these purposes.

### *Definitions:*

**Treatment:** means provision, coordination or management of your healthcare

Ex: we may use and disclose your PHI to provide, coordinate or manage your health care and related services. We will also disclose your PHI to other physicians who maybe treating you and or to other physicians who will ultimately be involved in your medical care either at our own (based upon recommendation/referral), your own or their own request.

**Payment:** means activities in connection with submitting claims for your healthcare. We may need to use or disclose your PHI to determine eligibility, medical necessity or for utilization review when obtaining authorization, approvals or payments for services provided to you.

Ex: we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures you have undergone and supplies used in rendering these services.

**Healthcare Operations:** means general and administrative functions that we must perform to operate as your medical care directors/providers:

Ex: we may need to use or review your PHI to support the medical and administrative activities of our practice. This would encompass billing, consulting, internal operational activities and transcription services.

We may use your PHI in order to provide you with the following services:

- a. appointment reminders
- b. treatment alternatives
- c. family members involved in your care
- d. research
- e. when required by law
- f. to curtail a serious threat to Public Health and Safety
- g. worker's compensation

**Your Health Information Rights:** although your health record is the physician property of the health care provider or facility that compiled it therein, this information does belong to you. You have the right to:

- a. receive a paper copy of this information for your review or inspection (by written request only to the office manager c/o Mika Hayashi DPM, PC. We will have 30 days to respond to your request for information that we retain and secure at our practice site.)
- b. request an amendment to you PHI if you believe there is inaccurate or incomplete information (by written request only)
- c. request /limitations of use and disclosure of your PHI (we are not required to comply with this request if we feel it compromises the coordination of your medical care)
- d. request confidential communications with respect to how we communicate with you about your medical care i.e.: what number to use for contacting you etc.
- e. file a complaint if you feel we have violated your medical information privacy rights

All written documents must be submitted in writing with specific details to account for the reasons underlying your request.

Other uses and disclosures of your information will be made with your permission/written authorization only unless otherwise permitted by law as outlined above. You may revoke your authorization at any time. For additional information about HIPPA compliance and regulations, you may visit the following web site: <http://www.cms.hhs.gov/hippa/>.