

PIEDMONT FOOT & ANKLE CLINIC, P.A.

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NOTICE OF PRIVACY PRACTICES

WE ARE COMMITTED TO PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION. 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.*

This Notice of our privacy practices explains:

1. How we may use and disclose your health information in the course of providing treatment and services to you.
2. What rights you have with respect to your health information. These include the right:
 - a. To inspect and obtain a copy of your health information.
 - b. To request that we amend health information in our records
 - c. To receive an accounting of certain disclosures we have made of your health information.
 - d. To request that we restrict the use and disclosure of your health information.
 - e. To request how and where we contact you about medical matters.
 - f. To receive a paper copy of this Notice.
3. How to file a complaint if you believe your privacy rights have been violated.

If you have questions about this document or any other questions regarding the privacy of your medical information, please call (919) 481-3338.

EFFECTIVE DATE: APRIL 14, 2003

OUR PLEDGE REGARDING HEALTH INFORMATION:

We are committed to protecting the privacy of health information about you and that can identify you, which we call “protected health information”. Protected health information includes information about your past, present or future health, healthcare we provide you, and payment for your healthcare contained in the record of care and services provided by Piedmont Foot & Ankle Clinic and its medical and administrative staff. Our privacy practices concerning your protected health information are as follows:

- We will safeguard the privacy of protected health information that we have created or received.
- We will explain how, when and why we use and/or disclose your protected health information.
- We will only use and/or disclose your protected health information as described in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within at least one of the categories.

For Treatment. We may use your protected health information to provide, coordinate or manage your health care treatment and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may ask you to have laboratory tests at another facility or office and that office may provide us with the results in order for the doctor to reach a diagnosis. We may disclose your protected health information to a pharmacy when we order a prescription for you or to another physician to whom you were referred in order that they may treat you or assist others in your treatment.

For Payment. We may use and disclose your protected health information to other providers so they may bill and collect payment for treatment and services they provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s) to obtain prior approval or authorizations, or to determine whether your insurance will cover the treatment. We may also share your medical information with billing and collection agencies or departments, insurance companies and health plans to collect payment for services and consumer reporting agencies/credit bureaus. For example, if you have a broken ankle, we may need to give your health plan(s) information about your condition, supplies used (medications or crutches) and services you received (x-rays or surgery). This information is given to our billing department and your health plan(s) so we can be paid you can be reimbursed.

For Health Care Operations. We may use and disclose your protected health information for health care operations. These uses and disclosures allow us to improve the quality of care we provide and reduce health care costs. Examples of uses and disclosures for health care operations include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients.
- Evaluating the skills, qualifications and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (e.g.: billing clerks) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting bodies like the Joint Commission on Accreditation of Healthcare Organizations and the Accreditation Association of Ambulatory Healthcare, Inc.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use or disclose protected health information so that one of our physicians may become certified in a specific field of medicine.
- Assisting various people who review our activities. Protected health information may be seen by doctors reviewing services provided to you, and by accountants, lawyers and others who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to our organizations and services we provide.
- Resolving grievances within our organization.
- Complying with this Notice and with applicable laws.

Appointment Reminders. We may use and disclose protected health information to provide a reminder to you about an appointment you have for treatment or medical care and Piedmont Foot & Ankle Clinic.

Treatment Alternatives. We may use and disclose your protected health information to manage and coordinate your health care and inform you of treatment alternatives that may be of interest to you. This may include telling you about treatments, services, products and/or other health care providers. For example, if you are diagnosed with plantar fasciitis (heel pain), we may tell you about orthotic and/or surgical services and options that may be of interest to you.

Business Associates. There are some services provided in our facility through contracts or arrangements with business associates, laboratories or other health care facilities. For example, if your orthotics are in need of repair, we may send them out to an outside facility/laboratory to facilitate the proper repair(s). When we hire or use companies to perform these services, we may disclose your health information to these companies so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your protected health information.

Individuals Involved in Your Care or Payment for Your Care. We may share your health information with a family member or other person identified by you who is involved in your care or payment for your care. This will include patients who are under the age of 18. We may tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that you family can be notified about your condition and location. *If you do not want health information released to those involved in your care, please call (919) 481-3338.*

SPECIAL SITUATIONS

We may use and/or disclose protected health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law or other judicial or administrative proceedings. For example, we may disclose your protected health information in response to an order of a court or administrative tribunal.

To Avert a Serious Threat to Health or Safety. We may use and/or disclose your health information when necessary to prevent a serious threat your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

Public Health Risks. We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To support public health surveillance and combat bioterrorism.

Health Oversight Activities. We may disclose your health information to a federal or state health oversight agency that is authorized by law to oversee our operations.

Law Enforcement. We may release health information if asked to do so by a law enforcement official and such release is required or permitted by law. For example, we may disclose your protected health information to report a gunshot wound. However, if you request treatment and rehabilitation for drug dependence, your request will be treated as confidential and we will not disclose your name to any law enforcement officer unless you consent.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request or other lawful proves by someone else involved in the dispute.

Coroners, Medical Examiners and Funeral Directors. We may disclose your health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

Organ and Tissue Donation. We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research. Under special circumstances, we may use your protected medical information in preparing to conduct a research project, for example, to look for patients with specific needs or diagnoses, so long as the medical information reviewed does not leave our entity.

Specialized Government Functions. We may disclose protected health information about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and/or medical suitability or determination of the Department of State.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release is required: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. Also, when consent to disclosure is required by state law, your consent will be obtained prior to such disclosure. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

North Carolina Law. In the event that North Carolina Law requires us to give more protection to your health information than stated in this Notice or required by Federal Law, we will give that additional protection to your health information. For example, we will comply with additional state law confidentiality protections relating to communicable diseases, such as HIV and AIDS. We will also comply with additional state law confidentiality protections relating to treatment for mental health and drug or alcohol abuse. Those laws generally require that we obtain your written consent before we disclose information related to your mental health, developmental disabilities or substance abuse services, subject to certain exceptions permitted by law, such as disclosure to other facilities or professionals when necessary to coordinate your care or treatment or to a health care provider in an emergency. Also, state law permits a hospice, home health, ambulatory surgery or outpatient cardiac rehabilitation patient to object in writing to having state licensing inspectors review their health information during a licensure survey, and we will comply with such written objection.

YOUR RIGHTS REGARDING YOUR PROTECTED 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 obtain a copy of your health information. To inspect and copy your health information, please call (919) 481-3338 for instructions on how to submit your written request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. There are certain circumstances in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend. You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you or your health care. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- The information is not part of the health information used to make decisions about you.
- We believe the information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reason(s) for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your protected health information. Please submit your request for amendment in writing to: Piedmont Foot & Ankle Clinic, 875 Walnut Street, Suite 100, Cary, NC 27511. Your written request should include your full name, date of birth and any other pertinent information needed to identify your record.

Right to an Accounting of Disclosures. You have the right to receive a written list of certain disclosures we made of your protected health information. You may ask for disclosures made, up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except for the following:

- For your treatment.
- For billing and collection of payment for your treatment.
- For our healthcare operations.
- Occurring as a by-product of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations.
- As part of a limited set of information which does not contain certain information which would identify you.

This list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request in writing to: Piedmont Foot & Ankle Clinic, 875 Walnut Street, Suite 100, Cary, NC 27511. Please include your full name and date of birth with your written request.

Right to request restrictions. You have the right to request that we restrict the use and disclosure of your protected health information. We are not required to agree to your requested restrictions. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by submitting the request in writing to: Piedmont Foot & Ankle Clinic, 875 Walnut Street, Suite 100, Cary, NC 27511. Please include your full name and date of birth with the request.

Right to Request Alternative Ways of Communication. You have the right to request how and where we contact you about medical matters. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and you specification of an alternative address or other method of contact. You may request alternative means of communications by submitting a written request to: Piedmont Foot & Ankle Clinic, 875 Walnut Street, Suite 100, Cary, NC 27511. Please include your full name and date of birth on the request.

Right to a Paper Copy of This Notice. We will provide a paper copy of this Notice to you no later than the date you first receive services from us except for emergency services, in which case we will provide the Notice to you as soon as possible/practical. You may also obtain a copy of this notice at any time from our website, www.piedmontfootclinic.com or from our office located at 875 Walnut Street, Suite 100, Cary, NC 27511.

CONTACT FOR QUESTIONS OR COMPLAINTS

If you have any questions regarding this Notice or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact the Office Manager by telephone at (919) 481-3338, or by e-mail at pfac@piedmontfootclinic.com, or in writing at 875 Walnut Street, Suite 100, Cary, NC 27511. Please provide your full name and date of birth with your request/complaint. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- Posting the revised notice at our facilities.
- Making copies of the revised notice available upon request (either at our facilities or through the contact listed in this notice).
- Posting the revised notice on our website, www.piedmontfootclinic.com.