

AHP FOOT & WOUND CARE SPECIALISTS

Patient Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect November 1, 2016 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice for all health information that we maintain, including health information we created or received before we made the changes. Prior to making any significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

USES AND DISCLOSURE OF HEALTH INFORMATION

We use and disclose health information about you for the following purposes: treatment, payment and healthcare operations. Your health information will only be used and disclosed in accordance with applicable law.

Treatment: We may use or disclose your health information to a physician or other healthcare provider taking care of you.

Payment: We may use or disclose your health information to obtain payment for services provided to you.

Healthcare Operations: We may use and disclose your health information in connection with operating the practice such as for quality assessment and improvement activities, review & auditing practice, credentialing & licensing activities.

We may contact you via mail, email or telephone to provide appointment reminders or information about treatment or other health related benefits and services that may be of interest to you. Any other uses or disclosures will be made with your written authorization. You may revoke such authorization in writing.

PATIENT RIGHTS

- You have the right to look at and receive copies of your health information. You must make a request in writing to obtain access to your health information. You may be charged a nominal fee for copies as allowed by state law.
- You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing.
- You have the right to request that we place additional restrictions on our use of your health information. We are not required to agree to a requested restriction. If we do agree, we must abide by the agreement unless we receive a request in writing from you to remove the additional restriction.
- You have the right to request that we amend your health information. This request must be in writing.
- You have the right to receive an accounting of disclosures of your health information for purposes other than treatment, payment and healthcare operations
- You have the right to receive additional copies of this Notice upon your request.

QUESTIONS & COMPLAINTS

If you have any questions or feel that your privacy rights have been violated, you have the right to submit a written complaint with our office or with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. **You may reach AHP Foot & Wound Care Specialists by phone at (317) 218-4095 or by mail at 9011 N. Meridian Street Ste 204 Indianapolis, IN 46260.**