

- **Record amendment:** You have the right to request amendments to your health records created by and for this Practice if you feel they are incorrect or incomplete. We may accept or deny your request. If we deny your requests you have the right to provide a statement of disagreement or rebuttal statement.
- **Accounting of Disclosures:** You have the right to receive an accounting of the disclosures. This means you may request a list of certain disclosures our practice has made of your records. Upon your request, we will provide this information to you one time during each twelve (12) month period at no cost to you. There may be a fee for additional copies.
- **Copy of Notice:** You have the right to request that we provide you with a paper copy of this notice of Privacy Practices.

If you have questions about this notice, please contact:

**Jackie Shaw, Practice Manager
Portland Foot and Ankle
68 Marginal Way
Portland, ME 04101
207-879-1339**

If you feel your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact Jackie Shaw, our Practice Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Effective April 13, 2003
Amended July 27, 2016

PORTLAND FOOT & ANKLE

68 Marginal Way
Portland, ME 04101
207-879-1339

“Dedicated to excellence in the medical
and surgical treatment of the foot and ankle”



Notice of Privacy Practices

*As required by the Privacy
Regulations created as a result of the
Health Insurance Portability and*

This Notice describes how Health Information about you (as a patient of this practice) may be used and disclosed. It also describes how you can obtain access to your Individual Identifiable Health Information. (IHII)

PLEASE REVIEW IT CAREFULLY

Effective Date of this Notice:

April 13, 2003

Portland Foot & Ankle

68 Marginal Way

Portland, Maine 04101

Phone: (207) 879-1339

Fax: (207) 879-1092

Our Commitment To Your Privacy

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in the office in a visible location at all times, and you may request a copy of our current notice at any time.

If You Have Questions About This Notice, Please Contact:

Jackie Shaw Practice Manager
Portland Foot & Ankle

68 Marginal Way, Portland, ME 04101
207-879-1339

We May Use and Disclose Your Individually Identifiable Health Information (IIHI) in the Following Ways

The following categories describe the different ways in which we may use and disclose your IIHI:

- **Treatment:** We may use and disclose your identifiable health information to treat you and assist others in your treatment. For instance, we may send a copy of your records to another doctor so that you can be evaluated for a specific condition or we may disclose information to others who take part in your care, such as your spouse, children, or parents.
- **Payment:** We may use your health information to bill and collect payment for services provided. This may include: providing your insurance company with details of your treatments, sharing your payment information with other treatment providers, contacting you over the phone or through the mail about balances, or sending unpaid balances to a collection agency.
- **Health Care Operations:** We may use and disclose health information to operate our business. For example, your health information may be used to evaluate the quality of care we provide for state exams and licenses, or to identify you by name when you visit the office.
- **Appointment Reminders:** We may use and disclose your information to remind you of appointments. We may also mail you a reminder postcard for follow-up visits.
- **Treatment Options:** We may use your health information to inform you of treatment options or other health-related services which may be of interest to you.
- **Business Associates:** We may share your health information with other individuals or companies that perform various activities for, or on behalf of, our office such as, after-hours telephone answering, billing, or quality assurance. Our business associates agree to protect the privacy of your information.

Use and Disclosure of Your IIHI in Certain Special Circumstances

- For public health activities including reporting of certain communicable diseases.
- For workers' compensation or similar programs as required by law.
- To authorities when we suspect abuse, neglect, or domestic violence.
- To health oversight agencies.
- For certain judicial and administrative proceedings pursuant to an administrative order.
- For law enforcement purposes.
- To a medical examiner, coroner, or funeral director.

- For the facilitation of organ, eye, or tissue donation if you are an organ donor.
- For research purposes under strictly limited circumstances.
- To avert a serious threat to your health and safety or that of others.
- For governmental purposes such as military service or for national security.
- In the event of an emergency or for disaster relief.
- In any other instance required by law.

Our practice may leave messages for you at home or work about your visits or test results. If you do not want us to do so, please inform our Privacy Officer in writing.

All other uses and disclosures of your information to others will require a written, signed authorization from you. You have the right to revoke your authorization at any time except to the extent that we have already acted on it. Should you require your records to be released, practice will provide you with an authorization form to complete and return to the address listed on it.

Your Rights Regarding Your IIHI

- **Restrictions on Use and Disclosure:** You have the right to request on how we use and disclose your health information. This includes requests to restrict disclosure of your health information to only certain individuals or entities involved your care such as family members and insurance companies. We are not required to agree with your request. If we agree, we are bound to the agreement unless disclosure is otherwise required or authorized by law.
- **Confidential Communications:** You have the right to request that we communicate with you in a particular manner or at a certain location. For example, you may request that we only contact you at home. We will accommodate reasonable requests.
- **Access:** You have the right to inspect or request a copy of records used to make decisions about your health care including your medical chart and billing records. We may charge a fee for providing you copies of your records and radiographs.