Anderson Podiatry
Foot and Ankle Clinic
Notice of Privacy Practices

To protect the privacy of every patient, the federal government has passed the Health Insurance Portability and Accountability Act of 1996 (HIP AA). Our office similar to every other physician office is covered by the regulations. The regulations require that each patient be provided with a written "notice of privacy practices" On the day of the first delivery of health services after April 14, 2003 and that the notice itself be prominently posted at the service site.

Health Insurance Portability and Accountability Act of 1996 (HIP AA) rules include an implicit requirement that the amount of individually identifiable health information released or requested for any specific purpose – except for disclosures authorized by the patient, disclosures to another health care provider involved in treatment, or disclosures required by law – be the "minimum necessary" to accomplish the purpose.

The HIPAA regulations set a federal minimum on the protection of privacy. Thus, when other federal laws (such as laws that provide special protections for mental health or genetic records) provide more protection for patients' privacy than the new regulations, the more protective federal and state laws will continue to govern. In addition, state law continues to govern parent-child relationships, the rights of children, and the definition of emancipated and mature minors.

1. Every patient has the right to inspect, copy, and amend their medical records and to obtain an accounting of disclosures. Exceptions are in article below:

2. All release of medical records except for the ones in article 4 need signed authorization to release medical records. All patients need to acknowledge that they have read the "Notice of privacy practices". Patients also have the right to revoke this authorization at any time.

3. Medical records can be disclosed for certain uses without any additional notification or authorization. Some of these uses include but not limited to are related to

A. Treatment (Ex. Referring the patient to a specialist) B. Payment (Ex. Sending records to your insurer for a payment). C. Health care operations (Ex. Giving information for a test or discussing with a health care worker to provide care in the absence of your physician).

4. It is discouraged by the Act to not to authorize the release of your medical records unless you are certain about the nature of the use of the records. By signing the authorization to release your medical records, you have released us from liability to the potential that information will be disclosed to unauthorized persons by the receiver.

5. The provider has the right to refuse the release of your medical information in certain cases. You have the right to have the refusal reviewed by another licensed health care professional (other than anyone who participated in the decision to deny access) designated by the refusing entity, and the entity must provide access to the medical record if the reviewer determines that it should do so. Some of these cases include but are not limited to:

a. The licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;

b. The protected health information makes reference to another person [and] the access requested is reasonably likely to cause substantial harm to such a person;

c. The request for access is made by the individual's personal representative [and access by that person] is reasonably likely to cause substantial harm to the individual or another person.

6. The patient also has the right to an accounting of disclosures of protected health information made over the previous six years. There are however, numerous exceptions to this accounting requirement, including disclosures for use in treatment, payment, and health care operations, disclosures authorized by the person or required by law, disclosures for use in a facility directory or for national security or intelligence purposes, or disclosures that occurred before the compliance date for the new regulations. The accounting must include the date of disclosure, the name and address of the person or entity who received the information, and a brief description of the information disclosed and the purpose for which it was disclosed.

7. If you need to report a breach of the Act of need further information, please contact the office at **360-424-0002**.

8. A fee of 10 dollars for every 8 pages needs to be paid before the information can be released.

Authorization to Release Health Information

Under the terms of HIPAA, a valid authorization to release health information must have the following information completed:

1. The description of the information to be used or disclosed
    1. Physician notes 2. Lab data. 3. X-ray reports. 4. Notes from other physicians.
    5. Other_____
2. The description of the information NOT to be used or disclosed.
3. The name [of the person or entity] authorized to make the use or disclosures
4. The name [of person or entity] to whom the disclosure may be made.

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5. A description of each purpose of the requested use or disclosure
6. Expiration date or expiration event

Disclaimer: I have read the "Notice of privacy practices" I here by authorize the release of medical information and will release Anderson Podiatry from all liabilities related to potential abuse of the information by the person or entity authorized to make the use or disclosure.

Signature of individual _____Date_____