

ASSOCIATED FOOT & ANKLE SPECIALISTS, LLC

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. PLEASE REVIEW IT CAREFULLY.

Understanding your medical record / health information as your healthcare provider, we will maintain a record of your visit that contains your symptoms, reports of examinations and test results, diagnoses, treatments, correspondence with other providers and plans for future care or treatment.

Your health information rights your health record is the physical property of this practice, however, the information it contains belongs to you. You have the following rights and we request that you notify the Privacy Officer of the practice of your requests for any of these actions:

Request Restrictions: You have a right to request restrictions on the use of your information.

Obtain a Paper Copy of this Notice: You have the right to receive a paper copy of this notice.

Inspect and Copy: You have a right to inspect and receive a copy of your health information. If you request a copy of your information, you may be charged a reasonable fee for photocopying, retrieval, labor, postage and supplies used.

Amend: You have the right to request that we amend your health information.

Obtain an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of information that have been made about you. This listing includes disclosures of your information for other than treatment, payment or healthcare purposes and is within a specified period of up to six years. The first listing of disclosures is provided as a complimentary service to you, but you may be charged a reasonable fee for additional requests made within a twelve-month period.

Request Communications of your health Information: You have the right to request that you receive communications regarding your information in a certain manner or at a certain location.

Revoke Your Authorization for Disclosure: You have the right to revoke an authorization for disclosure of information that was previously given.

Our Responsibilities Our Practice Is Required to:

Confidentiality: Maintain the privacy of your health information.

Provide a Copy of this Notice: We will provide you with a copy of this notice of our legal duties and privacy practices with respect to the information we collect and maintain about you.

Abide by the terms of this notice.

Unable to restrict: We will notify you if we are unable to agree to a requested restriction of your information.

Provide alternative means or alternative locations: We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our privacy practices and to make new provisions effective for all protected health information we keep. Should our information practices change, we will notify you of these changes when you return to our office. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information:

If you have a question or would like additional information, you may contact our privacy officer. If you have a concern about the privacy of your information, you may contact our privacy officer. Your concerns will be responded to by our practice, but you may also file a complaint with the secretary of Health and Human Services in the U.S. Office of Civil Rights. Your privacy officer will supply information about this procedure.

Examples of Disclosures of Information:

Treatment: We will use your health information for treatment purposes. As an example, information given to a nurse or physician will be recorded in your health record and used to determine the best treatment for you. Members of the healthcare team will document your treatment goals, actions taken and clinical observations.

We will provide your other healthcare providers with various reports that will help them to treat you for any subsequent conditions that may arise.

Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnoses, treatments and supplies used.

Healthcare Operations: The physicians and members of your healthcare team may use the information to evaluate the quality of care you received as well as the care received by others similar to you. This information will be used to improve the effectiveness of healthcare operations and services we provide.

Business Associates: There are some services provided through contracts with business associates. As an example, we contract with a company that provides information services for the computer system we operate. When these services are contracted, we may disclose your health information to this business associate so that they can perform the work that we require. To protect your health information, the business associate must appropriately safeguard your information.

Notification: We may disclose information to notify or assist in notifying a family member, personal representative or other person responsible for your care or information about your general condition.

Communication with Family: We will use good judgement in disclosing to a family member or any other person you identify health information relative to that person's involvement in your care or payment related to your care.

Research: We will disclose only limited information to approved researchers that participate in research approved by our institutional review board. We will obtain a written authorization from you to disclose information for other research purposes.

Funeral Directors: We may disclose health information to funeral directors consistent with state law that allows them to carry out their duties.

Organ Donation: If you are an organ donor, we may disclose your information to organizations that help procure, bank or transport organs for tissue donation and transplantation purposes.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or health related benefits and services that may be of interest to you.

Fundraising: We may contact you as part of a fundraising effort.

Food & Drug Administration: We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Worker's Compensation: In accordance with state law, we may disclose health information as is required for processing a claim under worker's compensation.

Public Health: Under South Carolina law, we may disclose your health information to the health department in order to prevent or control diseases, injury or disability.

Correctional Institution: If you are an inmate of a correctional institution, we may disclose to the institution or its agents health information that is needed for your health or the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena health investigation. Federal and state laws make provisions for your health information to be released to appropriate health authorities provided that a member of our staff or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise endangered one or more patients, workers or the public.

Other disclosures: All other uses and disclosures of your information will only be made with your written authorization. If you have authorized us to use or disclose information about you, you may revoke this authorization at any time.

Appendix A to part 92-Notice Informing Individuals About Non-Discrimination and Accessibility Requirements and Sample Non-Discrimination Statement: Discrimination is Against the Law.

Associated Foot & Ankle Specialists, LLC complies with applicable Federal Civil Rights Laws and does not discriminate on the basis of race, color, national origins, age, disability or sex. Associated Foot & Ankle Specialists, LLC does not exclude people or treat them differently because of race, color, national origins, age, disability or sex.

Associated Foot & Ankle Specialists, LLC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters

Written information in other formats (large font, audio, accessible electronic formats, other formats).

If you need these services, contact Amy Cross, Office Manager.

If you believe that Associated Foot & Ankle Specialists, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Amy Cross, phone: (843) 852-9444. Fax: (843) 852-9404, Email: across@afascharleston.com. You can file a grievance or by mail, fax, or email. If you need help filing a grievance, Amy Cross is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services, Office for Civil Rights, electronically through the Office of Civil Rights complaint portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: US department of Health & Human Services, 200 Independence Ave., SW Room 509F, HHH Building Washington, DC 20201. 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.HHS.gov/ocr/office/file/index.html>.

Appendix A to part 92-Sample Notice Informing Individuals About Non-Discrimination and Accessibility Requirements and Sample Non-Discrimination Statement: Discrimination is Against the Law.

Associated Foot & Ankle Specialists, LLC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo. Associated Foot & Ankle Specialists, LLC no excluye a las personas ni las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad o sexo.

Associated Foot & Ankle Specialists, LLC:

Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes: Intérpretes de lenguaje de señas capacitados.

Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:

Intérpretes capacitados.

Información escrita en otras idiomas.

Si necesita recibir estos servicios, comuníquese con Amy Cross.

Si considera que Associated Foot & Ankle Specialists, LLC no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: Amy Cross, teléfono: (843) 852-9444. Fax: (843) 852-9404, correo electrónico:

across@afascharleston.com. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico.

Si necesita ayuda para hacerlo, Amy Cross está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU.

De manera electrónica de través Office for Civil Rights Complaint Portal, disponible en:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección or por teléfono a los números que figuran a continuación: US department of Health & Human Services, 200 Independence Ave., SW Room 509F, HHH Building Washington, DC 20201. 1-800-368-1019, 800-537-7697 (TDD) Puede obtener los formularios de reclamo en el sitio web <http://www.HHS.gov/ocr/office/file/index.html>.