

Advanced Foot Care of NJ. LLC

Podiatric Medicine, Surgery, Sports Medicine and Wound Care

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NOTICE OF ANANT JOSHI D.P.M., ADVANCED FOOT CARE OF NJ, LLC

Effective: January 1, 2019

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

I. Introduction

Federal and state law provides you with certain basic rights and protections in connection with the medical information maintained about you. Anant Joshi D.P.M., (“the Practice” or “We”) is/are required by law to maintain the privacy of your medical information and to provide you with notice of its legal duties and privacy practices duties with respect to your medical information. It also describes how the Practice’s personnel may use and disclose your medical information. It describes the complaint process for you to follow if you believe your privacy rights have been violated. If you have any questions about this notice or your rights relating to your medical information, please contact the Practice Privacy **Anant Joshi D.P.M., 1031 McBride Avenue, Suite D105 Woodland Park, NJ 07424, (973)256-0002**. The practice is required to abide by the terms of the notice currently in effect.

II. Your Rights Regarding Medical Information About You. You have the following rights regarding medical information we maintain about you:

A. Right to Inspect and Copy. You generally have the right to inspect and copy your medical information. To inspect and copy your medical information, you must submit your request in writing to the Practice’s Privacy Officer. If you request a copy of your medical information, we may charge a fee for the cost of copying, mailing and other supplies associated with your request. We may deny all or part of your request to inspect and copy your medical information in certain very limited circumstances. Any denials shall be made in writing, containing a statement concerning your rights, process for filing a complaint with the Practice and/or to Secretary of the Department of Health and Human Services. If you are denied access to your medical information, you may, under certain circumstances, request that such denial be reviewed.

IF YOU ARE A PATIENT BEING TREATED IN CONNECTION WITH A WORKERS COMPENSATION CLAIM, YOU WILL NOT BE PERMITTED TO INSPECT, COPY OR OBTAIN A COPY OF YOUR RECORDS WITHOUT WRITTEN AUTHORIZATION FROM THE WORKERS COMPENSATION CARRIER/PAYOR. IT IS YOUR RESPONSIBILITY (NOT THE RESPONSIBILITY OF THE PRACTICE) TO OBTAIN SUCH WRITTEN AUTHORIZATION. IT IS THE POLICY OF SUCH CARRIER/PAYOR THAT YOU ARE NOT ENTITLED TO SUCH INFORMATION

B. Right to Amend. If you feel that any of the information we have about you is incorrect or incomplete, you may ask the Practice to amend such information. You have the right to request an amendment for as long as the information is kept by or for the Practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports the requested amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the requested amendment. In addition, we may deny your request if you ask the Practice to amend information that:

- Was not created by the Practice, unless you provide a reasonable basis to demonstrate that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or the Practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny the requested amendment, you have the right to submit a written statement disagreeing with the denial or, alternatively, you may request that the Practice provide your request for amendment and the denial with any future disclosures of the information.

C. Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your medical information made by the Practice in the six year prior to the date on which the accounting is requested, starting from April 14, 2003 (the effective date of the HIPAA Privacy Standards). Such right to accounting, however does not extend to disclosures made to you, pursuant to an authorization, incident to a use or disclosure otherwise permitted or required for treatment, payment and health care operations, to family members or friends involved in your care, for notification purposes, for national security or intelligence purposes, for national security or intelligence purposes, to correctional institutions or law enforcement officials in custodial situations, or as part of a limited data set in accordance with applicable law.

To request an accounting of disclosures, to which you are entitled, you must submit your request in writing to the Practice Privacy Officer **Anant Joshi D.P.M., DABPM, AACFAS**. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within any consecutive 12-month period will be free. For additional lists, we may charge you for the costs associated with providing the list. If we intend to charge a fee, we will notify you of the estimated cost involved and will give you an opportunity to withdraw or modify your request before any costs are incurred.

D. Right to Request Restrictions. You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care like a family member or close friend. For example, you could ask that we not use or disclose information to a relative about a condition for which you are receiving services.

Although the Practice is not required to agree to your request, regarding restrictions of your medical information for treatment, payment or healthcare operations, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In addition, restrictions agreed to by the

Practice are not effective to prevent uses or disclosures permitted or required below (excluding treatment, payment and healthcare operations). Your request for restrictions should be made in writing to the Practice Privacy Officer **Anant Joshi D.P.M. DABPM, AACFAS**. In your written request, you should identify: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosure to your spouse, relative, etc.)

E. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail. Any such request must be made in writing to the Privacy Officer **Anant Joshi D.P.M. DABPM, AACFAS**. and must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accomodate all reasonable requests.

F. Right to Receive a Copy of This Notice. You have the right to receive a paper copy of this notice. You may ask the Practice to give you a copy of this notice at any time.

III. Use and Disclosure of Your Medical Information

A. Uses and Disclosures of Medical Information That Do Not Require Your Authorization. Following are examples of the types of uses and disclosures of your protected medical information that the Practice is permitted or required by law to make without your authorization.

- **Treatment:** To provide with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, medical students or other Practice personnel involved in your treatment. For example a doctor may need to know what drugs you are allergic to before prescribing medications. We may also disclose medical information about you to non-Practice providers who may be involved in your medical care including, but not limited to physicians, hospitals, and nursing homes.

- **Payment:** We may use the disclose your medical information for the Practice to bill and provided by the Practice for the treatment that you received here. For example, we may use or disclose your medical information to your insurance company so that your insurance company can pay the Practice or reimburse you for the service provided to you by the Practice. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. In addition, the Practice may use and disclose your medical and insurance information to other healthcare providers directly involved in your care or who have or will provide health care services to you so that such providers and entities may bill your insurance company, seek prior authorization, or take other actions to obtain payment for services provided to you.

- **Health Care Operations:** We may use and disclose medical information about you for our internal operations. These include uses and disclosures that are necessary to run the Practice and make sure that our patients receive quality care. For example, we may use or disclose medical informations about you to evaluate our staff's performance in providing services for you.

- **Required By Law:** We may use or disclose your medical information to the extent that law requires that use or disclose. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

- **Public Health:** We may disclose your protected medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury or disability (e.g. reporting of disease, injury, public health surveillance or investigations, etc.). We may also use or disclose your medical information, if directed by the public health authority, to an official of a foreign government agency that is collaborating with the public health authority.

- **Food and Drug Administration:** We may disclose your medical information to a person/company subject to the jurisdiction of the U.S. Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person/company has responsibility, for the purpose of the activities related to the quality, safety or effectiveness of such product or activity. Such purposes include to collect or report adverse events, product defects or problems, or biologic product deviations; to track FDA-regulated products; to enable product recalls, repairs or replacement, or look back (including locating and notifying individuals who have received such products); or to conduct post marketing surveillance.

- **Communicable Diseases:** We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

- **Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

- **Health Oversight**: We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- **Judicial and Administrative Proceedings**: We may disclose your medical information in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process, but only if reasonable efforts have been made to notify you of the request or to obtain a protective order limiting the use of the information to the litigation or medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

- **Law Enforcement**: We may also disclose medical information , so long as applicable legal requirements, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

- **Coroners, Funeral Directors, and Organ Donation**: We may disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner of medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, consistent with applicable law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Information may be used or disclosed to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or cadaverous organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

- **Research**: We may disclose your medical information to researchers when their research has been approved by an institutional review board of privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

- **Serious Threat to Health or Safety**: Consistent with applicable federal and state laws, we may disclose your medical information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose medical information if it is necessary for law enforcement authorities to identify or apprehend an individual because of a statement by the individual admitting participation in a violent crime that the Practice reasonably believes may have caused serious physical harm to the victim or where it appears from all the circumstances that the individual has escaped from a correctional institution or from the lawful custody.

- **Military Activity and National Security**: When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities ; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

- **Workers Compensation**: Your medical information may be disclosed by the Practice as authorized to comply with workers' compensation laws and other similar legally established programs.

- **Inmates**: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary:

(1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Required Uses and Disclosures**: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the law and regulations.

- **Appointment Reminders**: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Practice.

- **Test Results**: In order to communicate with you regarding your health care, we may leave messages on your answering machine or with family or friends who may answer the phone with test results and other health information.

- **Health-Related Benefits and Services** : We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

B. Uses and Disclosures to Which You Have the Opportunity to Object: We may use or disclose your medical information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. Please direct any written objections or restrictions to the Practice Privacy Officer **Anant Joshi D.P.M. , DABPM, AACFAS**

- **Others involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose medical information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. finally , we may use or disclose medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

C. Uses and Disclosures of Medical Information That Require Your Authorization.
Other uses and disclosures of your medical information not covered by the proceeding categories will be made only with your written authorization. You make revoke this authorization at any time, in writing, except to the extent that the Practice has already taken an action in reliance on your previous authorization.

IV. Changes to This Notice

The Practice reserves the right to change, modify or otherwise revise this notice at any time. In addition, the Practice reserves the right to make the revised or changed notice effective for the medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office(s). The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, the Practice shall provide you with a copy of the revised notice during the next time that you visit our office or when we provide services to you or by mail.

V. Complaints

If you believe your privacy right have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact the Practice's Privacy Officer **Anant Joshi D.P.M. DABPM, AACFAS**. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Neither the Practice nor any of its personnel shall retaliate against you for filing such a complaint.

VI. Contact Information

Questions, comments and requests regarding the matters described in this notice should be directed 1031 McBride Avenue Suite 105D Woodland Park, NJ 07424.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF ANANT JOSHI D.P.M. DABPM, AACFAS. NOTICE OF PRIVACY PRACTICES AND CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I, _____, acknowledge receipt of ANANT JOSHI D.P.M. DABPM, AACFAS (the "Provider") Notice of Privacy Practices dated January 1,2019 and I consent to the Provider's use and disclosure of my health information and insurance/payment information which specifically identifies me or which can reasonably be used to identify me for treatment, payment and health care operations of the Provider and in accordance with the Notice of the Provider's Privacy Practices. I understand that while this consent is voluntary, if I refuse to sign this consent, the Provider can refuse to treat me.

I also consent to the restrictions contained in the Notice of Privacy Practices regarding all worker's compensation information. I understand that such information will not be disclosed to me without the written authorization of the applicable worker's compensation carrier/payor. In the event that such workers' compensation carrier/payor refuses to release any or all of such records, I hold the Practice and all of its shareholders, physicians, employees and agents harmless in connection with such refusal.

I understand that I have the right to request that the Provider restrict how my health and insurance/payment information is used or disclosed to carry out treatment, payment or healthcare operations.

I understand that I may revoke this consent at any time by notifying the Provider in writing, but if I revoke my consent, such revocation will not affect any actions that the Provider took before receiving my revocation.

Signature of patient or patient's representative

_____/_____/_____
Date

Printed name of patient or patients representative

Relationship to patient

