

**Amanda Matz, DPM**  
**Summary of Notice of Privacy Practices**

The Health Insurance Portability and Accountability Act of 1996 ("HIPPA") requires that, effective April 13, 2003; we provide you a printed copy of our Notice of Privacy Practices. For your convenience, we are providing this brief summary. Each section has a corresponding section in our full Notice, which we encourage you to read in it's entirety. *We are required to ask you to sign a one-time acknowledgment that you have received this summary. A copy of the full Notice is available upon your request.*

**Your Rights As a Patient**

You have many new and important rights with respect to your protected health information. These are summarized below and described in detail in our full Notice of Privacy Practice.

**Use of Protected Health Information**

We are permitted to use your protected health information for treatment purposes, to facilitate our being paid, and to conduct our business and evaluate the quantity and efficiency of our processes. Also, we are permitted to disclose protected health information under specific circumstances to other entities. We have put into place safeguards to protect the privacy of your health information. However, there may be incidental disclosures of limited information, such as overhearing a conversation, that occur in the course of authorized communications, routine treatment, payment, or the operations of our practice. HIPPA recognized that such disclosures may be extremely difficult to avoid entirely, and considers them permissible.

For entities that are not covered under HIPPA to which we must send protected health information for treatment, payment, or operational purposes, we require that they sign a contract in which they agree to protect the confidentiality of this information.

**Disclosures of Protected Health Information Requiring Your Authorization**

For disclosures that are not related to treatment, payment, or operations, we will obtain your specific written consent, except as described below.

**Disclosures of Protected Health Information Not Requiring Your Authorization**

We are required by state and federal law to make disclosures of certain protected health information without obtaining your authorization. Examples include mandated reporting of conditions affecting public health, subpoenas, and other legal requests.

**Communication To You of Confidential Information By Alternative Means**

If you make a written request, we will communicate confidential information to you by reasonable alternative means, or to an alternative address.

**Restrictions To Use and Disclosure**

You may request restrictions to the use of disclosure of your protected health information, but we are not required by HIPPA to agree to such requests. However, if we do agree, then we are bound to honor your request. In the course of our use and disclosure of your protected health information, only the minimum amount of such information will accomplish the intended goal.

**Access To Protected Health Information**

You may request access to or a copy of your medical records in writing. We will provide these within the time period specified, unless we are forbidden under HIPPA or by applicable state law to provide such records. If we deny access, we will tell you why. You may appeal this decision, which, under specified circumstances, will be reviewed by a third party not involved in the denial.

**Amendments To Medical Records**

You may request in writing the corrections be made to your medical record. We will either accept the amendments, and notify appropriate parties, or deny your request with an explanation. You have rights to dispute such denials and have your objections noted in your medical record.

**Accounting of Disclosures of Protected Health Information**

You may request an accounting of disclosures of your protected health information. This accounting excludes disclosures made in the course of treatment, payment, or operation, and disclosures that we made as a result of your written authorization.

**Other Uses of Your Protected Health Information**

Optional uses, as permitted under HIPPA, are listed in our complete Notice of Privacy Practices.

**How to Lodge Complaints Related To Perceived Violations of Your Privacy Rights**

You may register a complaint about any of our privacy practices with our Privacy Official or with the Secretary of Health and Human Services without fear of retaliation, coercion, or intimidation.

**\*\*If you would like a copy to take with you, please ask for one at the front desk\*\***