



Niles Foot & Ankle Center

Dr. Paul A. Santangelo

8145 N. Milwaukee Ave. ~ Niles, IL 60714

(847) 470-0555 ~ Fax (847) 470-0019

HIPAA 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.

This **Notice of Privacy Practices** describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and disclosures of protected health information: Your protected health information may be used and disclosed by your physician or office staff and others outside the office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to who you have been referred to ensure that physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used as needed to obtain payment for our health care services. For example, obtaining approval for surgery or a hospital stay may require that your relevant protected health information to be disclosed to the health plan to obtain approval.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of the physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information as necessary to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations, as required by law, include: Public health reporting, communicable disease reporting, health oversight activities, judicial and administrative proceedings, law enforcement purposes, coroner or funeral directors, organ or tissue donation purposes to avert a serious threat to health or safety, specialized government functions and emergency situations. 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 Section 164.500.

Your rights: The following is a statement of your rights with respect to your protected health information.

- You have the right to inspect and copy your protected health information. However, under federal law you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, civil, criminal or administrative action or proceedings and protected health information that is subject to law that prohibits access to protected health information.
- You have the right to request a restriction to your protected health information. This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not to be disclosed to family or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You then have the right to use another healthcare professional.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- You have the right to obtain a paper copy of this notice from us upon request.
- You may have the right to have your physician amend your protected health information. If we deny your request for amendment you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

Complaints: You may file a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our office manager of your complaint. We will not retaliate against you for filing a complaint.