



Foot Surgery & Medicine

NOTICE OF OUR PRIVACY PRACTICES

- 1. 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. This notice summarizes how we handle your health information, and provides further details of our privacy policies and procedures.
- 2. *How we may use and disclose your health information.* We use health information about you for your treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for these reasons: (1) in order to comply with Workers Compensation laws; (2) to a coroner or medical examiner for identification purposes; or (3) to authorities as allowed by law to report abuse or neglect. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization allowing us to disclose information, you can later revoke it to stop further uses or disclosures.
- 3. *Your Rights.* The medical charts we maintain are the property of **ABQ Podiatry**, Drs. William H. FitzPatrick, Gay L. Gustafson, and Gary Prant. In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
- 4. *Our Legal Duty.* We are required by law to protect the privacy of your health information; provide this notice about our privacy practices; follow the privacy practices that are described in this notice; and seek your acknowledgment of receipt of this notice. We may change our privacy policies at any time, but before we make significant changes in our privacy policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information on our privacy policies, contact the person listed below.
- 5. *Privacy Complaints.* If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the person listed below. You may also send a written complaint to the US Department of Health and Human Services.

If you have any questions or complaints, please contact Camille Kloeppel at camille@abqpodiatry.com or call her at (505) 299-4487. You may request a copy of this Notice. You may refuse to sign this acknowledgement.

I HAVE READ THIS COPY OF THE ABOVE NOTICE OF OUR PRIVACY PRACTICES

Print Name

Signature

Date

FOR YOUR PRIVACY, WILL YOU GRANT US PERMISSION TO CALL AND/OR LEAVE MESSAGES AT THE PHONE NUMBER(S) YOU HAVE PROVIDED US?
_____ YES _____ NO