

## **Notice of Privacy Practices Fillinger Foot Clinic, LLC**

**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.**

**Fillinger Foot Clinic, LLC, (FFC) is committed to protecting your personal health information (PHI). As a patient of FFC, your personal health information will be used solely for the purpose of your medical treatment, payment and health care operations. This notice describes how your personal health information may be used and disclosed for medical treatment, payment and health care operations and how you may access this information if you choose.**

**When you receive treatment provided by FFC, a medical record is created with your personal health information and will be used for treatment, payment and health operations. Typically your medical record contains your symptoms, examination, diagnosis, treatment and if needed, a further treatment plan for future health care. This personal health information serves as a basis for planning your care and treatment, communicating with other health professionals who may contribute to your care and a means by which you or a third-party payor obtain the information for payment of services.**

**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, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.**

**Your medical record is the physical property of the healthcare practitioner or facility that compiles it, however, the information belongs to you. As provided under the Code of Federal Regulations (CFR 45) you have the right to restrict certain uses and disclosures, inspect and copy your medical record, amend your health record to the extent of incorrect information and obtain an accounting of disclosures of your medical record. You may also request to revoke your consent to use or disclose health information except to the extent that services have been previously provided prior to current consent. Request for inspection or copies of your medical and/or billing records should be in writing. Request for amending your medical and/or billing records should be in writing and should include the reason for the request. Request to restrict your protected health information should be in writing and state the specific restriction requested.**

**We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Upon your request, we will provide you with any revisions of our Notice of Privacy Practices. We will not use or disclose your personal health information except as described in this notice. We reserve the right to charge a reasonable, cost-based fee for making copies.**

**If you have any questions and/or would like additional information, you may contact our Privacy Officer at (256)737-7339. You may address any concerns or issues about your privacy rights with us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer in writing. We will not retaliate against you for filing a complaint.**