

Privacy Policy : Next Step Foot & Ankle Clinic/DJ Silvester, DPM, PA

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. YOUR PRIVACY IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your Protected Health Information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect June 29, 2015, and will remain in effect until we replace it.

We reserve the right to change our privacy practices/terms of this notice at any time, provided that such changes are permitted by law. We reserve the right to make the changes in our privacy practices/terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice at any time. For more information on our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We will use and disclose your PHI for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your PHI about you 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, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that they have the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility/coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for an MRI may require that your PHI be disclosed to the health plan to obtain approval for payment for the service.

Health Care Operations: We may use or disclose as needed, your PHI in order to conduct certain business and operational activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when our staff is ready to see you. We may use or disclose your PHI, as necessary, to contact you by telephone or mail to remind you of your appointment.

We will share your PHI with third party "Business Associates" that perform various activities (e.g. Billing Service) for the practice. Whenever an agreement between our office and a business associate involves use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment options or other health-related benefits and services that may be of interest to you. For example, we may use your address or email address to send you a newsletter about our practice and the services we offer. You may contact us to request that these materials not be sent to you.

Use and Disclosures Based On Your Written Authorization: Other uses and disclosures of your PHI will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or anyone else you identify, your PHI 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 judgment. We may use or disclose PHI 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.

Public Health and Safety: We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your PHI to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

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

Abuse or Neglect: We may disclose your PHI to a public authority that is authorized by law to receive reports of child abuse or neglect. We may disclose your PHI if we believe you to have been a victim or abuse, neglect, or domestic violence, to the government entity or agency authorized to receive such information in accordance with applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements.

Criminal Activity: As dictated by federal and state law, we may disclose your PHI if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Required by Law: We may use or disclose your PHI when we are required to do so by law, such as worker's comp cases.

Process and Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your PHI to law enforcement officials.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person

Patient Rights

Access: You have the right to look at or get copies of your protected health information.

Restriction Requests: You have the right to ask that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except in an emergency. Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement to do so is memorialized in writing.

Confidential Communication: You have the right to request in writing that we communicate with you by alternative means or to an alternative patient representative. We must accommodate your request if it is reasonable, states the alternative means or representative, and allows us to bill and collect payment from you or your insurance company.

Amendment: You have the right to request in writing that we amend your PHI. You must explain why the information should be amended. We may deny your request if we did not create the information you want amended, or for certain other reasons. If we deny your written request, we will provide a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosure of that information.

Questions and Complaints

If you want more information about our privacy practices, or have questions or concerns, please contact us using the information below. If you believe that we may have violated your privacy rights, or you disagree with a decision we made about the access of your PHI or in response to a request you made, you may complain to us using the contact information below. You also may submit a written complaint to the US Dept. of Health and Human Services. We will provide that address upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services. **Name of Privacy Officer: Marilee Silvester**

Address: 409 N Bryant Street, Pleasanton, TX 78064 Phone: 830-569-3338 Fax: 830-569-6833 Updated 6.29.15