

# HIPPA

The following is the privacy policy of The Foot and Ankle Center of Kirkland, as described in the Health Insurance portability and accountability Act of 1996 and regulations promulgated there under, commonly known as HIPPA. Under HIPPA, you have certain right with respect to your personal health information. The following is a brief overview of your right and our duties with respect to enforcing those rights. HIPPA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity's legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this privacy notice.

## **Your Personal Health Information**

We collect personal health information fro you through treatment, payment and related health care operations, the application and enrollment process, and /or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

## **Use or Disclosure of Your Personal Health Information**

We will use disclose your health information in order to treat you or assist other healthcare providers in treating you. You may also disclose your health information in order to obtain payment for services rendered to you by us or health care providers may not use disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms that permission. We may not disclose patient health information via email, as a secured network is not guaranteed. In the following circumstances, we disclose your health information without your written authorization: with the exceptions stated below in more detail in the notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

- To family member or close friends who are involved in your health care
- For purpose of public health safety
- To government agencies for purposes of their audits, investigation and other oversight activities
- To government authorities to protect public safety or to assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas and as otherwise required by the law

## **Patient Rights**

As our patient you have the following rights:

- To have access to and my copy your health information
- To receive an accounting or certain disclosures we have made of your health information
- To request restriction as to how your health information in used or disclosed
- To request that we communicated with you in confidence
- To request that we amend your health information
- To receive notice of our privacy practices