

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. THE PRIVACY OF YOUR MEDICAL INFORMATION 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 you PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace it.

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

You may request a copy of our notice (or subsequent revised notice) at any time. For more information about our privacy practices, or additional copies of this notice, please contact us using the information listed on the front of this notice.

### **Uses and Disclosures of PHI**

We will use and disclose your PHI in order to treat you or to assist other health care providers in treating you. We will also use and disclose your PHI in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your PHI for certain limited operational activities.

Following are examples of the types of uses and disclosures of your PHI that may occur.

**Treatment:** We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnosis 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 services we recommended for you. For example, obtaining approval for a hospital stay may require your relevant PHI be disclosed to the health plan.

**Health Care Operations:** We may use or disclose your PHI in order to conduct certain business and operational activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing and conducting or arranging for other business activities. Some examples include: using a sign-in sheet at the registration desk or sharing your PHI with a transcription service.

### **Uses 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. 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.

### **Uses and Disclosures Not Requiring Your Authorization**

In the following circumstances, we may disclose your PHI without your written authorization:

- To family members or close friends you identify who are involved 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 also 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
- For certain limited research purpose. We may also disclose PHI of a deceased person to a coroner, protected health examiner, funeral director or organ procurement organization for certain purposes
- For purposes of your own, or public, health and safety. We may disclose your PHI to a government agency authorized to oversee the health care system, or government programs, or its contractors.
- To government agencies for purposes of their audits, investigations and other oversight activities.

Oversight agencies seeding this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- To government authorities to prevent child abuse or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- To the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance as required.
- To law enforcement authorities 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.
- 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 inspect and/or obtain a copy of your PHI, with limited exceptions. If you desire copies, the request must be made in writing. We will charge for record copying in accordance with IAC Rule 760 1-71-3, which states \$20 for the first ten pages, \$.50 per page for pages eleven through fifty and \$25 per page for pages fifty-one and higher.
- To receive an accounting of certain disclosures we or our business associates (e.g., billing, transcription services), have made of your PHI for purposes other than treatment, payment, health care operations and certain other activities after April 14, 2003. After April 14, 2009, the accounting will be provided for the past six years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI disclosed the reason for the disclosure and certain other information. If you request this list more than once in a 12 month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

- To 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 is so memorialized in writing.
- To request that we communicate with you in confidence about your PHI by alternative means or to do an alternate location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payments from you.
- To request that we amend your PHI. Your request must be in writing, and it 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 request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted 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 disclosures of that information.
- To know that we make telephone reminder calls for appointments.

### **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 access to your PHI or in response to a request you made, you may complain to us using the contact information below.

Contact Person: Michael Salcedo, D.P.M.

53779 Generations Drive, Suite D, South Bend, IN 46635

Phone (574)271-1030 Fax (574)271-1032

You may also submit a written complaint to the U.S. Department of Health and Human Services at the following address:

Office of Civil Rights  
 U.S. Department of Health and Human Services  
 200 Independence Avenue, S.W.  
 Room 509F, HHH Building  
 Washington, D.C. 20201

We support your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

## **NOTICE OF PRIVACY PRACTICES FOR THE OFFICE OF MICHAEL SALCEDO, D.P.M.**

3665 Park Place West  
 Suite 200  
 Mishawaka, IN 46545-3566  
 (574)271-1030