



Notice of Privacy Practices Advanced Regional Center for Ankle and Foot Care

Effective date: July 1, 2013

September 24, 2014 - Latest Revision

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This Notice of Privacy Practices describes our privacy practices and includes how we may use, disclose, collect, handle and protect your ePHI. Advanced Regional Center for Ankle and Foot Care is required by certain federal and state laws to maintain the privacy of your ePHI. We are also required by the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule to give you this notice about our privacy practices with respect to your protected health care information and to notify you following a breach of your unsecured protected health information.

Advanced Regional Center for Ankle and Foot Care will protect your privacy by taking the following precautions:

- a. Limiting who may see your ePHI.
- b. Limiting how we may use or disclose your ePHI.
- c. Informing you of our legal duties with respect to your ePHI.
- d. Explaining our privacy policies.
- e. Adhering to the policies currently in effect.

Copies of this Notice

You may request a copy of our Notice of Privacy Practices at any time. It is your right and our duty to deliver a copy of the notice to you on the very first opportunity we provide healthcare services to you. Based on your preference, the notice may be either delivered electronically through email or with a physical copy. The Notice will be available on our website as a downloadable link.

Advanced Regional Center for Ankle and Foot Care will sign an electronic acknowledgement form to document that you understand the terms of this Notice. However, if you are enrolled in a group health plan, the Notice will be issued by the health plan or the health insurer and not by Advanced Regional Center for Ankle and Foot Care.

If you want more information about our privacy practices or have questions or concerns, please contact us using the contact information at the end of this Notice.

Changes to this Notice

The terms of our Notice of Privacy Practices apply to all records created or retained by us that contain your ePHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for the entire ePHI that we already have about you as well as for any ePHI we may create or receive in the future. We are required by law to comply with whatever privacy notice is currently in effect. You will be notified of any material change to our privacy notice before the change becomes effective.

Potential Impact of State Law

The HIPAA Privacy Rule generally does not pre-empt (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies,

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the privacy laws of Pennsylvania or other federal laws rather than the HIPAA Privacy Rule might impose a privacy standard under which we will be required to operate.

I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment and health care operations. We may use and disclose your protected health information for treatment, payment and health care operation purposes. This section generally describes the types of uses and disclosures that fall into those categories and includes examples of those uses and disclosures. Not every potential use or disclosure for treatment, payment and health care operations purposes is listed.

Treatment

We may use and disclose your protected health information to help us with your treatment or services. We may also release your protected health information to help other health care providers treat you. Treatment includes the provision, coordination or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and workforce members involved in your care may review, share or discuss your medical record and medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care.
- We may share and discuss your medical information with an outside physician with whom we are consulting regarding you.
- We may share and discuss your medical information with an outside laboratory, radiology center or other health care facility where we have referred you for testing.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.
- We may share and discuss your medical information with a hospital or other health care facility where we are admitting or treating you.
- We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.
- We may use a patient sign-in sheet in the waiting area that is accessible to all patients.
- We may page patients in the waiting room when it is time for them to go to an examining room.
- We may contact you to provide appointment reminders.

2. Payment

We may use and disclose your protected health information about you so the services and items you receive may be billed to and payment may be collected from you, an insurance company or a third-party payer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- Submission of a claim to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Mailing you bills in envelopes with our practice name and return address.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.

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- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- Providing consumer reporting agencies with credit information (your name and address, date of birth, Social Security number, payment history, account number and our name and address).
- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

3. Health care operations

We may use and disclose your protected health information for our health care operations. These uses and disclosures are necessary to make sure you receive quality care. Some examples of health care operation purposes include:

- Quality assessment and improvement activities.
- Population-based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications or performance of health care professionals.
- Conducting training programs for medical and other students.
- Accreditation, certification, licensing and credentialing activities.
- Health care fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services and auditing functions.
- Business planning and development activities such as conducting cost management and planning related analyses.
- Other business management and general administrative activities such as compliance with the federal privacy rule and resolution of patient grievances.

B. We May Use and Disclose Your PHI without Your Authorization in the Following Cases:

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every potential use or disclosure in a category will be listed. Some examples fall into more than one category.

1. Individuals Involved in Care or Payment for Care

We may disclose your ePHI to someone involved in your care or payment for your care such as a spouse, a family member or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.

2. Notification Purposes

We may use and disclose your ePHI to notify or to assist in the notification of a family member, a personal representative or another person responsible for your care regarding your location, general condition or death. This would include:

- If you are hospitalized, we may notify a family member of the name and address of the hospital and your general condition.
- To a disaster relief entity, such as the American Red Cross, so that the entity can notify a family member, a personal representative or another person involved in your care regarding your location, general condition or death.

3. Uses and Disclosures Required by Law

As described below, we may use or disclose your ePHI under the requirements of law without an authorization from you:

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- To the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- To a public health authority that is authorized by law to collect or receive such information for the purposes authorized by law including cases of child abuse or neglect.
- To a person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity.
- Of a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition for intervention or investigation.
- To an employer of an individual who is provided health care on the request of the employer and to help conduct an evaluation of medical surveillance of a work environment or related to a work-related illness. The disclosure is limited to the purpose mentioned and shall include a written notification to the individual on such disclosure.
- Where it is a legal requirement, we will disclose to a school about an individual who is a student or prospective student of the school limited to information on immunization. Such disclosure shall be supported by an agreement with the parent/guardian of the individual in case of a minor or with the individual in case of an adult or emancipated minor.

4. Disclosures about Victims of Abuse, Neglect or Domestic Violence

We may disclose ePHI about an individual who is reasonably believed to be a victim of abuse, neglect or domestic violence to a government authority, which includes a social service or protective services agency authorized by law to receive such reports. The disclosure will be bound by the following restrictions:

- Extent of disclosure as required and in compliance with the law.
- With or without the agreement of the individual to such disclosure as long as the disclosure is authorized by law and/or in exercise of professional judgment by Advanced Regional Center for Ankle and Foot Care.
- The individual or their personal representative shall be informed of such disclosure unless a professional judgment indicates risk or harm to the individual with such information disclosure to the individual.

5. Disclosures for Health Oversight Activities

We may disclose ePHI to a health oversight agency for oversight activities authorized by law. This would include audits, civil, administrative or criminal investigations, inspections, licensure and disciplinary actions, civil, administrative and criminal proceedings and actions or other activities necessary for appropriate oversight of the following:

- The health care system.
- Government benefit programs for which health information is relevant to beneficiary eligibility.
- Government regulatory programs for which health information is necessary for determining compliance with program standards, including FDA related reports and disclosures.
- Civil rights laws for which health information is necessary for determining compliance.
- A health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity.
- OSHA requirements for workplace surveillance and injury reports.

6. Disclosures for Judicial and Administrative Proceedings

We may disclose ePHI for the purposes of judicial and administrative proceedings in response to an order of a court or an administrative tribunal.

- In response to a subpoena or discovery request without a court order under one of the following circumstances:
- Satisfactory assurances in writing with evidence that reasonable efforts have been made by such party to

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ensure that the individual who is the subject of the ePHI that has been requested has been given notice of the request.

- Satisfactory assurance from the party seeking the information that reasonable efforts have been made to secure a qualified protective order.

7. Disclosures for Law Enforcement Purposes

We may disclose ePHI for a law enforcement purpose to a law enforcement official under the following conditions:

- As required by law, including laws that require the reporting of certain types of wounds or other physical injuries.
- In compliance with and as limited by the relevant requirements of a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, a grand jury subpoena, an administrative request, including an administrative subpoena or summons or a civil or authorized investigative demand. The disclosure shall be made as relevant to the purpose of inquiry and when de-identified information could not be used.
- We may disclose ePHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Advanced Regional Center for Ankle and Foot Care may disclose PHI in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime providing the individual agrees to such disclosure. In case the individual is incapacitated or under emergency circumstances and if the disclosure is legally compelling with no intent to use against the individual, the disclosure shall be made.
- We may disclose PHI about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if there is a suspicion that such death may have resulted from criminal conduct.
- We may disclose to a law enforcement official ePHI if it is believed in good faith that the information constitutes evidence of criminal conduct that occurred on the premises of Advanced Regional Center for Ankle and Foot Care.
- Advanced Regional Center for Ankle and Foot Care, in the course of a medical emergency, shall disclose ePHI to a law enforcement officer if the individual is suspected to be a victim of crime or violence.

8. Uses and Disclosures about Decedents

We may disclose ePHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law.

9. Funeral Directors

We may use and disclose ePHI for purposes of providing information to funeral directors as necessary to carry out their duties.

10. Uses and Disclosures for Cadaveric Organ Donations

For the purpose of facilitating donation and transplantation, we may disclose ePHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue.

11. Uses and Disclosures for Research Purposes

We may disclose ePHI for research under the following conditions:

- With documentation related to approval of a waiver of authorization by an institutional review board or a

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properly constituted privacy board.

- Acceptance of necessity for the purpose of research and description of the information sought.

12. Uses and Disclosures to Avert a Threat to Health or Safety

We may use and disclose ePHI to avert a serious threat to health or safety under the following conditions:

- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When necessary for law enforcement authorities to identify or apprehend an individual.
- When it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

13. Specialized Government Functions

We may use and disclose ePHI for purposes involving specialized government functions including:

- Military and veterans activities.
- National security and intelligence.
- Protective services for the President and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

14. Disclosures for Workers' Compensation

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

15. Business Associates

Our "Business Associates" are entities that provide services to our practice and that require access to protected health information of our patients in order to provide those services. A business associate of our practice may create, receive, maintain or transmit protected health information while performing a function on our behalf. For example, we may share with a billing company information regarding your care so that the company can file health insurance claims and bill you or another responsible party. In addition, we may share protected health information with a business associate who needs this information to provide a service for us. For example, our attorneys may need access to protected information to provide legal services to us. Our business associates may use and disclose your protected health information consistent with this notice and as otherwise permitted by law. To protect your protected health information, we require business associates to enter into written agreements that they will appropriately safeguard the protected health information they require to provide the services they have agreed to provide.

16. Incidental Disclosures

We may disclose protected health information as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

17. Marketing

Advanced Regional Center for Ankle and Foot Care may use your ePHI to contact you about new initiatives, office news, general information and research study opportunities. We may communicate with you by using electronic means or paper. If you provide an email address, you are giving us permission to use electronic communications to communicate with you. It is your responsibility to provide us with an updated email address should you create and use a new email address. If you provide us with an email address that is shared with

GETTING PEOPLE BACK ON THEIR FEET SINCE 1983



others (sharing an email account), you are authorizing Advanced Regional Center for Ankle and Foot Care to communicate with you about your health care, knowing that others may access and view this electronic communications.

18. Uses and Disclosures with Authorizations

For all other purposes that do not fall under a category listed under sections A and B, Advanced Regional Center for Ankle and Foot Care must obtain your written authorization to use or disclose your ePHI. In addition, we are required to obtain your authorization for most uses and disclosures to psychotherapy notes and to sell your ePHI. Your authorization can be revoked at any time. However, we are not able to retract uses and disclosures made with your authorization prior to the effective date of the revocation.

We May Use and Disclose Your PHI Only with Your Authorization in the Following Cases:

1. Disclosure of Psychotherapy Notes

We shall obtain an authorization for any use or disclosure of psychotherapy notes except under the following conditions:

- To carry out treatment, payment or healthcare operations by Advanced Regional Center for Ankle and Foot Care.
- For use or disclosure by Advanced Regional Center for Ankle and Foot Care for its own training programs in which students, trainees or practitioners in mental health learn (under supervision) to practice or improve their skills in group, joint, family or individual counseling.
- For use or disclosure by Advanced Regional Center for Ankle and Foot Care to defend itself in a legal action or other proceedings brought by the individual.
- When required by the U.S. Secretary of the Department of Health and Human Services to investigate or determine the regulatory compliance status of Advanced Regional Center for Ankle and Foot Care.
- Advanced Regional Center for Ankle and Foot Care may use or disclose ePHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- Advanced Regional Center for Ankle and Foot Care may disclose ePHI to a health oversight agency for oversight activities authorized by law including audits, civil, administrative and criminal investigations, inspections, licensure and disciplinary actions, civil, administrative and criminal proceedings and actions or other activities necessary for appropriate oversight.
- Advanced Regional Center for Ankle and Foot Care may disclose ePHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death and other duties as authorized by law.
- Advanced Regional Center for Ankle and Foot Care may, consistent with applicable law and standards of ethical conduct, use or disclose ePHI if Advanced Regional Center for Ankle and Foot Care, in good faith, believes the use or disclosure is to prevent an imminent threat to a person or public.

2. Valid Authorizations

An authorization to disclose ePHI shall be communicated in plain language and contain the following elements:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
- The name or other specific identification of the person(s) or class of persons authorized to make the requested use or disclosure.
- The name or other specific identification of the person(s) or class of persons to whom Advanced Regional Center for Ankle and Foot Care may make the requested use or disclosure.

GETTING PEOPLE BACK ON THEIR FEET SINCE 1983



- A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not or elects not to provide a statement of the purpose.
- An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statements "end of the research study," "none" and similar language are sufficient if the authorization is for a use or disclosure of ePHI for research which may include the creation and maintenance of a research database or research repository.
- Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided. A copy of the authorization duly signed by you shall be retained by us for our records and we will provide a copy to you.

II. Rights You Can Exercise with Regard to Your PHI

You have the following rights regarding the PHI we maintain about you. Requests to exercise your rights must be in writing.

1. Right to Access Your PHI

You have the right to inspect or receive copies of your ePHI contained in a designated record set. Generally, a "designated record set" contains medical, enrollment, claims and billing records we may have about you as well as other records we may use to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

2. Right to Copy

You have the right to inspect and obtain a copy of your ePHI that we maintain in a designated record set. Generally this includes your medical and billing records. In certain cases, we may deny your request. We may impose charges for the cost involved in providing copies such as labor, supplies and postage as permitted by law. If your records are maintained electronically, you have the right to specify that the records you requested be provided in electronic form. We will use the format you request unless we cannot practicably do so. If you request a copy of your information electronically on a movable electronic media such as a CD or USB drive we may charge you for the cost of that media.

To exercise your right of access to your ePHI, you must submit a written request to our Compliance Officer. The request must:

- Describe the health information to which access is requested.
- State how you want to access the information, such as inspection, pick-up a copy or receive it via the mail.
- Specify any requested form or format, such as paper or electronic means.
- Include your mailing address, if applicable.

You may also request that your protected health information be directly transmitted to another covered entity. To exercise this right, you must submit a request to our Compliance Officer. The request must:

- Be in writing and signed by you.
- Clearly identify both the designated covered entity and where the information should be sent.

3. Right to Request an Amendment to PHI

You have the right to request that we amend your ePHI if you believe there is a mistake in your ePHI or that important information is missing. To request an amendment to your ePHI, your request must be made in writing. In addition, you must provide a reason that supports your request. We will generally make a decision regarding your request for amendment no later than thirty (30) days after receipt of your request. However, if we are unable to act on the request within this time, we may extend the time for an additional thirty (30) days

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but shall provide you with a written notice of the reason for the delay and the approximate time for completion. If we deny your requested amendment, we will provide you with a written denial. Approved amendments made to your ePHI will also be sent to those who need to know. We may also deny your request if, for instance, we did not create the information you want amended. If we deny your request to amend your ePHI, we will tell you our reasons in writing and explain your right to file a written statement of disagreement.

4. Right to an Accounting of Certain Disclosures

You may request, in writing, that we tell you when we or our Business Associates have disclosed your ePHI (referred to as an "Accounting"). Any accounting of disclosures will not include those we made under these conditions:

- For payment or healthcare operations.
- To you or individuals involved in your care.
- With your authorization.
- For national security purposes.
- To correctional institution personnel.
- To request an accounting of such disclosures, your request must be submitted in writing. Your request must also state a time period, which may not be longer than six (6) years. Your request should also specify the format in which you prefer to receive the accounting, i.e. paper or electronic. We may charge you for the costs of providing the accounting. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

5. Right to Request Restrictions

You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your ePHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies or when information is necessary to treat you. An approved restriction continues until you revoke it in writing or until we tell you we are terminating our agreement to a restriction.

6. Right to Request Confidential Communications

You have the right to request, in writing, that we use alternate means or an alternative location to communicate with you in confidence about your ePHI. For instance, you may ask that we contact you by mail rather than by telephone or at work rather than at home. Your written request must clearly state that the disclosure of all or part of your ePHI at your current address or that the method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider our ability to continue to receive payment and conduct health care operations effectively along with the subscriber's right to payment information. We may exclude certain communications that are commonly provided to all members from confidential communications. Examples of such communications include booklets and newsletters.

7. Right to a Paper Copy of This Notice

You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time even if you have agreed to receive this Notice electronically.

8. Right to File a Privacy Complaint

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy practices or procedures, you may file a complaint with Advanced Regional Center for Ankle and Foot Care's Compliance Office and/or with the U.S. Secretary of the Department of Health and Human Services. Advanced Regional

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Advanced Regional Center *for* Ankle and Foot Care

(814) 943-3668

711 Logan Boulevard, Altoona, PA 16602

PaFootCare.com

Center for Ankle and Foot Care assures you that filing a complaint will not in any way impact the services we provide to you, nor will there be any retaliatory acts against you.

If you feel the need to interact with us on any issues related to this Notice or to file a privacy complaint with us, you may contact the Compliance Officer as follows:

Compliance Officer: Jackie Gutshall

Address:

Advanced Regional Center for Ankle and Foot Care

711 Logan Boulevard

Altoona, PA 16602

Telephone: (814) 943-3668

Fax: (814) 942-7635

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Altoona
(814) 943-3668

Ebensburg
(814) 472-4303

State College
(814) 231-1566

Huntingdon
(814) 644-6610

Tyrone
(814) 684-0410