

Notice Of Privacy Practices

Pinnacle Foot and Ankle Clinics

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Health Information Responsibilities

- We have a duty to protect the privacy of your health information and to give you this Notice.
- We have a duty to follow our current Notice of Privacy Practices. We will abide by the terms of the Notice.
- We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we maintain and any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed. If we change this Notice, you can access the revised Notice on our website at www.pinnaclefootankle.com.

Who Will Follow This Notice This Notice

This notice describes Pinnacle's practices and that of:

- all providers, departments, and units of Pinnacle
- all residents, medical students, and other trainees affiliated with Pinnacle
- all employees, volunteers, staff and other Pinnacle workers

Your Health Information Rights

Restrictions on Use or Disclosure. This Notice describes some restrictions on how we can use and disclose your health information. You may ask us for extra limits on how we use or to whom we disclose the information. You need to ask for the restriction in writing. If you ask that information about a service not be sent to your insurer and pay for the service in full, we will agree to this restriction. If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments, and you will be responsible for arranging for payment of the bills. We are not required to agree to other restrictions. If we do agree, we will follow the restriction except:

- in an emergency where the information is needed for your treatment
- if you give us written permission to use or disclose the restricted information
- if you decide or we decide to end the restriction, or
- as otherwise required by law.

Alternative Communication. Normally, we will communicate with you at the address and phone number you give us. You may ask us to communicate with you in other ways or at another location. We will agree to your request if it is reasonable.

Patient Access. You may request to look at or get copies of your health information and

Notice Of Privacy Practices

Pinnacle Foot and Ankle Clinics

2

direct a copy of your health information to another person/third party designated by you. You need to make your request in writing. If you request a copy of your health information we keep electronically, we will provide it in an electronic format upon your request. We may charge you a fee as authorized by law to meet your request. Most patients may inspect and receive a copy of the full medical record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. For example, this may happen if, in the professional judgment of a patient's physician, the release of the information would be reasonably likely to endanger the life or physical safety of the patient or another person. If a request is denied, we will send the denial in writing. This will include the reason and describe any rights you may have to a review of the denial.

Amendment. You may ask us to change certain health information that you think is wrong or missing. You need to make the request in writing and explain why the information should be changed. If your request is denied, we will send the denial in writing. This denial will include the reason and describe any steps you may take in response.

Disclosure List. You may receive a list of disclosures of your health information – with some exceptions – made by us or our business associates. The list does not include:

- disclosures made for treatment, payment, or health care operations

(this term is defined in the next section), and

- other disclosures as allowed by law.

You need to make your request in writing. Your request must state a time period that may not go back further than six (6) years. If you ask for a list more than once in a 12 month period, we may charge you a fee for each extra list. You may cancel or change your request to reduce or eliminate the charge.

Paper Copy of Notice. A paper copy of this Notice will be provided upon request, even if you previously agreed to receive this Notice electronically.

Uses and Disclosures of Health Information

To provide you with the best quality care, we need to use and disclose health information. We safeguard your health information whenever we use or disclose it. We follow this Notice of Privacy Practices and the law when we use and disclose health information. We may use and disclose your health information as follows:

Treatment, Payment, and Health Care Operations. We may use and disclose your health information for:

- Treatment (includes working with another provider).
- Payment (such as billing for services provided).
- Health care operations. These are non-treatment and non-payment activities that let us run our business or provide services. Examples of health care operations include quality

assessment and improvement, care management, reviewing the competence or qualifications of health professionals, and conducting training programs.

- Health care operations of a receiving covered entity. We may also disclose your health information to another health care provider who either has or had treated you, or to your insurance company, if such information is needed for certain health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

Medical Emergency. We may use or disclose your health information to help you in a medical emergency.

Appointment Reminders and Treatment Alternatives. We may send you appointment reminders, test results, or tell you about treatments and health-related benefits or services that you may find helpful. Our communication with you may be by telephone, cell phone/text message, e-mail, patient.

Patient Information Directory. We may disclose the following information to people who ask about you by name:

- location in the facility
- general condition

You may choose not to have us disclose some or all this information. For example, if you do not want us to tell people your

location, we will agree to your instructions. (In some cases, such as medical emergencies, we may not get your instructions until you can communicate with us.)

People Involved in Your Care. We may disclose limited health information to people involved in your care (for example, a family member or emergency contact) or to help plan your care. If you do not want this information given out, you can request that it not be shared. We also may allow another person to pick up your prescriptions, medical supplies, or X-rays.

Correctional Facility. We may disclose the health information of an inmate or other person in custody to law enforcement or a correctional institution.

Abuse, Neglect, or Threat. We may disclose health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult. If there is a serious threat to a person's health or safety, we may disclose information to that person or to law enforcement.

Food and Drug Administration (FDA)

Regulation. We may disclose health information to entities regulated by the FDA to measure the quality, safety, and effectiveness of their products.

Military Authorities/National Security.

We may disclose health information to authorized people from the U.S. military, foreign military, and U.S. national security or protective services.

Notice Of Privacy Practices

Pinnacle Foot and Ankle Clinics

4

Immunization Records. We may disclose your immunization records to the Minnesota Immunization Information Connection or Wisconsin Immunization Registry.

Public Health. We may disclose health information about you for public health purposes, such as:

- reporting and controlling disease (such as cancer or tuberculosis), injury, or disability
- reporting adverse events or surveillance related to food, medications, or problems with health products
- notifying persons of recalls, repairs, or replacements of products they may be using, or
- notifying a person who may have been exposed to a disease or may be at risk of catching or spreading a disease.

Health Oversight Activities. We may disclose health information to government, licensing, auditing, and accrediting agencies for actions allowed or required by law.

Required by Other Laws. We may use or disclose health information as required by other laws. For example, we may disclose health information:

- to the U.S. Department of Health and Human Services during an investigation.
- under workers' compensation or similar laws.
- to social services and other agencies or people allowed to receive information about certain injuries or

health conditions for social service, health, or law enforcement reasons.

- about an unemancipated minor or a person who has a legal guardian or conservator regarding a pending abortion.
- about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

Notice. We are required to promptly notify you of a breach of your health information.

Legal Process. We may disclose health information in response to a state or federal court order, legal orders, subpoenas, or other legal documents.

With Your Authorization

We may use or disclose health information only with your written permission, except as described above. Health information for marketing purposes, and the sale of health information requires written authorization. If you give written permission, you may withdraw it at any time by notifying us in writing. Your permission will be given when we receive the signed form and have acted on your request. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision or any actions that we have taken based upon your authorization.

Questions

For release of information questions, such as copy fees and release of records, contact Pinnacle Foot and Ankle Clinics at 952-926-3566.