



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about patients may be used and/or disclosed to other entities. Additionally, information will be provided so that patients know how to access this information. Please carefully review the following information.

Our practice, legally named Tanya R. Sellers-Hannibal, DPM, PC is required by federal law to maintain the privacy of your health information, give you notice of our legal duties and privacy practices with respect to your health information, and follow the terms of this notice. This federal law is commonly referred to as the *Health Insurance Portability and Accountability Act (HIPAA)* of 1996. This notice applies to the health record generated by this practice. It requires that this practice maintain proper patient confidentiality regarding your medical record or other individually identifiable information whether it is written, communicated orally, or electronically.

Health Record/Information

Each time you visit a physician, hospital or other healthcare provider, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future treatment. This information is often referred to as your medical record and serves as a basis for planning your care and treatment. It is a means of communication among any other health professionals who may contribute to your care. Understanding what is in your medical record and how your health information is used helps to ensure its accuracy and better understand who, what, when, where, and why others may access your medical record.

Patient Health Information Rights/Patient Authorization

Unless otherwise required by law, your health record is the physical property of the healthcare provider that compiled it, but the *information* belongs to you. You have the right to request a restriction for certain use and disclosure of your information. You also have the right to request amendments to your health record. This includes the right to obtain a paper copy of this notice, inspect and/or obtain a copy of your health record. You may also obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, and /or revoke your authorization to use or disclose health information except to the extent that action has already occurred. These requests must be in writing. We are not obligated to agree with your requests.

Practice Responsibilities

This practice is required to maintain the privacy of your health information. We describe in this notice our legal duties and privacy practices with respect to information we collect and maintain about you. Our practice must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, and accommodate reasonable requests you may have to communicate health information by alternative means or at alternative location. We reserve the right to change our practices and to make new provisions effective for all the health information we maintain. We will not use or disclose your health information without your authorization except as described in this notice.

Use and Disclosure of Health Information

The practice may use and disclose information within your health record for treatment, payment and/or healthcare operations. Descriptions of these categories are listed.

Treatment

The practice may use or disclose your health information to another physician or healthcare provider.

Payment

The practice may use or disclose your health information to obtain payment for services rendered.

Healthcare Operations

The practice may use and disclose your health information to operate our business. Your health information may be utilized to evaluate the quality of care received or to conduct cost management evaluations, accreditation, certification, licensing or credentialing activities.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 5, 2003. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact the privacy officer for more information:

Tanya R. Sellers-Hannibal, DPM
10085 Red Run Blvd- Ste 305
Owings Mills, MD 21117
410.581.8331 (office) 410.581.8332 (fax)

For more information about HIPAA or to file a complaint:

US Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, SW
Washington, DC 20201
202.619.0257 or 877.696.6775