



NOTICE OF PRIVACY PRACTICES (HIPAA NOTICE)

Skagit Foot and Ankle Clinic, LLC has a responsibility to protect the privacy of your health care information and to provide a Notice of Privacy Practices that describes how your health care information may be used and disclosed, how you can access your health care information, and whom to contact if you have questions, concerns, or complaints.

Your health record contains personal information about you and your health. This information may include information relating to your past, present, and future physical and mental health services or conditions. This information is referred to as your Protected Health Information (PHI). This notice describes how we may use and disclose your PHI in accordance with applicable law and the National Association of Social Workers Code of Ethics. It also describes your rights regarding how you may gain access to this information. We are required by law to protect the privacy of your protected health information (PHI). We are also required to supply you with a copy of our privacy practices, our legal duties, and your rights concerning your medical information. We are required to abide by the rules of this privacy practice and reserve the right to change the terms of this notice at any time in accordance with appropriate laws and regulations.

HOW WE MAY USE YOUR HEALTH INFORMATION:

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care, treatment, and related services. This includes consultation with your primary care physicians, clinical supervisors, hospital staff, or other treatment team members. We may disclose your PHI to any other consultant only with your authorization.

For Payment: We may use and disclose your PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities include making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, and reviewing services provided to you to determine medical necessity or undertaking utilization review activities.

Required by Law: Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating and determining our compliance with the requirements of the Privacy Rule.

YOUR RIGHTS REGARDING YOUR PHI:

Consultations and Review: You have the right to inspect your PHI to consult and make decisions regarding your care. If you feel that your PHI is incorrect or incomplete, then you may ask us to amend the information. We are not required to agree to the amendment.

Limitations: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

I acknowledge that I was provided a copy of the Notice of Privacy Practices (HIPAA Notice) and that I have read (or had the opportunity to read if I so chose) and understood the notice in its entirety.

Print Name: _____ **DOB:** _____

Patient Signature: _____ **Date:** _____

Parent/Authorized Representative (if applicable): _____