

## *Your Rights:*

1. Inspect and receive copies of your medical information, based on hospital policies and procedures.
2. Request, in writing, changes to your health information.
3. Request, in writing, that we limit how we use or share health information about you or your child.
4. Withdraw, in writing, any authority you have given to share your information. However, we won't be able to take back information we have previously given out.
5. Request, in writing, and receive a record of times when we have shared your health information without your written permission except when related to treatment, payment, or health-care operations.

## *Our Responsibility:*

1. Maintain the privacy of health information about you or your child;
2. Provide the privacy notice of our duties, your rights, and our privacy practices;
3. Follow the terms of our notice; and
4. Notify you if we cannot continue honoring your request.

family **foot** docs



Dr. Kori Taylor, DPM



Dr. Thomas Hewitt

## NOTICE OF PRIVACY PRACTICES

*Family Foot Docs*  
6717 N OAK TRAFFICWAY  
GLADSTONE, MO 64118

**Family Foot Docs**

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## What is HIPAA

The new federal guidelines that further protect the privacy of your medical information are part of the comprehensive Health Insurance Portability and Accountability Act, or HIPAA. These rules, which became effective on April 14, 2003, give you more control over, and knowledge about, who is using your medical information and for what purpose.

Family Foot Docs already had many measures in place to protect your privacy, but HIPAA has set broader standards and applied them to hospitals, health-care providers, and insurers nationwide. For a complete view of current policies and to learn more about HIPAA by visiting the web site: [www.hhs.gov/ocr/hipaa/whatsnew.html](http://www.hhs.gov/ocr/hipaa/whatsnew.html)



### Privacy Notice

You will receive, in person, a copy of our privacy notice. It describes how medical information about you or your child may be used, and how you may gain access to this information. At point of registration, you will be asked to sign an acknowledgement that states you have received the privacy notice. This brochure summarizes some of the information in the notice.

### When may we use and share your health information?

We may use health information about you or your child without your written permission for the limited purposes of:

**Treatment.** This involves providing, managing, and coordinating care to meet your needs. It may also involve sharing information with other providers, such as your own doctor or caregivers at other institutions.

**Payment.** We share your health information with your insurance company as needed to bill for your care.

**Health-care operations.** We use medical information to assess and improve quality of care and train our staff. We can also:

- send announcements or call you about appointment reminders;
- contact you about patient care issues and treatment choices;
- tell you about services that may benefit you.

### When else may we share your health information outside Family Foot Docs without your written authorization?

- To allow business associates to assist us with treatment, payment, or health-care operations;
- To prevent or control disease, such as reporting infectious diseases to boards of health;
- To communicate with law enforcement officers in certain situations;
- Unless you tell us otherwise, to communicate with family and friends involved in your care; and
- When necessary, to comply with a subpoena, court order, or other legal requirement.

