

BERKSHIRE PODIATRY CENTER, LTD.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY, THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of the notice.

Disclosure of protected health information not needing your authorization:

1. **Treatment**: To coordinate or manage your health care and any related services.
2. **Payment**: To obtain payment for health care services provided to you by Berkshire Podiatry Center, Ltd.
3. **Healthcare Operations**: In order to conduct certain business and operational activities. Examples: Quality assessment, employee training, licensing, etc.
4. **Others involved in your health care**: A member of your family, relative, close friend or any other person you identify. Only information that directly relates to that person's involvement in your health care.
5. **Marketing**: To contact you with information about treatment alternatives that may be of interest to you via newsletter or in person.
6. **Public Health and Safety**
7. **Process and Proceedings**: In response to a court or administrative order, subpoena, discovery request or other lawful process.
8. **Law Enforcement**: To a law enforcement official if you are a suspect, fugitive, material witness, crime victim or missing person.
9. In cases of **Abuse or Neglect**.
10. **Food and Drug Administration**: Examples: for tracking products, product defects or problems, adverse events, to enable product recalls, to make repairs or replacements or to conduct post marketing surveillance as required.
11. **Criminal Activity**: If we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
12. **U.S. Department of Health & Human Services**: In order to verify our compliance with the federal privacy laws.
13. **Health Oversight**: To an agency for activities authorized by law, such as audits, investigations and inspection.

Uses and Disclosures Based on Your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted by law. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information as described in this notice.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing to the contact person listed herein. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we are allowed by law to charge for said copies. You may contact us, using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). All restriction requests must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communications: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

**BERKSHIRE PODIATRY CENTER, LTD.
CONTACT PERSON: OFFICE MANAGER
50 BERKSHIRE COURT, WYOMISSING, PA 19610
PHONE: 610-373-4154 FAX: 610-373-8651**

Acknowledgment of Receipt of Notice of Privacy Practices:

I acknowledge that I was provided a copy of the Notice of Privacy practices and that I have read (or had the opportunity to read it if I so chose) and understood the Notice.

____Patient ____Parent ____Authorized Representative)

Print Name

Signature

Date