

PARNASSUS HEIGHTS PODIATRY GROUP

A PROFESSIONAL CORPORATION

DISEASES & INJURIES OF THE FOOT AND ANKLE

2250 Hayes Street Suite 4A St. Mary's Medical Center (415) 759-2014
San Francisco, California 94117 fax 759-2015

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Diplomates, American Board of Podiatric Surgery
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FEDERAL HEALTH PRIVACY RULE

Privacy Rule

The Federal Government has developed regulations in an attempt to ensure the health care privacy of patients. This means that we can not use or disclose health information for the purposes of treatment, payment or health care operations without your written consent. As part of these regulations, we are required to inform you how this office utilizes, shares, and protects the health care information that we collect.

What Information We Share

In the course of treating you, information gathered regarding your health may be shared with a hospital that will be the setting for your health care, with a medical laboratory that will be performing a test on you, with a medical supply company that will providing you a medical apparatus, with another medical facility that may be performing some form of therapy on you at our request, with our billing company for the sole purpose of submitting a bill to your insurance carrier, and with medical students and/or residents who function within our practice. For example, when our office submits the necessary forms to the hospital for a proposed surgery, any medical information that the doctor believes to be relevant to your health care will be included. This information may be seen by various doctors, nurses and support staff in the course of their duties.

Protecting Your Health Care Information

Our policies to protect your personal health care information are:

1. Office personnel, residents and medical students have been instructed not to discuss any information that is gathered on patients outside of the office setting.
2. A meeting is held every 4 months to review our protection policies and re-educate our personnel as to the importance of patient privacy.
3. All medical records are accounted for at the close of a business day and are secured.
4. No medical records are allowed to be taken from our office unless accompanied by the treating doctor.

5. No medical records will be sent to another doctor or health care facility without the written approval of the patient.
6. Only that medical information that is necessary will be shared with another health care facility or laboratory in order that they can perform their task.
7. Only that medical information that is necessary for billing purposes will be shared with our billing company. Furthermore we have a contract with that billing company regarding how they will protect the health care privacy of patients.
8. All medical information obtained that is no longer to useable, will be shredded prior to being disposed.

Your Rights Under the Federal Health Policy Rule

1. You may revoke this consent at any time.
2. You may have access to your medical records. This must be done in writing and the office must allow you access within 5 working days following receipt of your request. If you request a copy of your records, the office must furnish this to you with 15 days of receiving your requests. The office may charge 25 cents per page as well as labor costs of copying the documents and postage.
3. You may request an amendment to your medical record by yourself in a situation where you believe your medical record is incorrect or incomplete. The office must allow this occur with 60 days after receiving such a request.

Complaints

If you believe that your right to privacy has been compromised, you may contact our office manager who will make every attempt to correct the problem or you may go on-line at <http://www.hhs.gov/ocr/hipaa> to learn more about the privacy rule and making a complaint.

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CONSENT FORM

Privacy Rule

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You may revoke this consent at time or you may request additional restrictions on how your health care information is used and disclosed for treatment, payment and health care operation purposes.

I agree with the Health Care Privacy Compliance being utilized by this office.

DATE: _____

PATIENT PRINTED NAME: _____

PATIENT SIGNATURE: _____