Active Feet Clinic
2835 Fort Missoula Road
PC3 Suite 304
Missoula, MT 59804

Office: (406) 542-0800
Fax: (406) 542-9700

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.

Your Rights: When it comes to your health information, you have certain rights:

- **Get an electronic or paper copy of your medical record:** You can ask to see to get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy of a summary of your health information, usually within thirty (30) days of your request. A fee may apply.
- **Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you in writing within 60 days.
- **Request confidential communication:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the time we've shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you have asked us to make). We'll provide one accounting year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have received the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have someone as your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information on your behalf. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**: You can complain if you feel we have violated your rights by contacting us at the location listed above. You can file a complaint with the U.S Department of Health and Human Services offices for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, D.C 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share: If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or other involved in your care; Share information in a disaster relief situtation. *If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written premission: Marketing purposes, Sale of your information.

Our uses and disclosures: We typically use or share your health information in the following ways:

- **Patient treatment:** We can use your health information and share it with other professionals who are treating you.
- **Run our organization:** we can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information? We are allow or required to share your informatin in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhh.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- We can share health information about you for certain situations such as: Preventing diseases, Helping with product recalls; reporting adverse reactions to medications; Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety.

- We can use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy laws.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.
- We can share health information about you to address worker's compensation, law enforcement, and other government request, as authorized by law.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:: We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. You must let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice: We can change the terms of this notice, and the changes may apply to all information we have about you. If new changes occur, the new updated notice will be available upon request, in our office, and on our web site.

Acknowledgement of Notice of Privacy Practices

I have received and read the Notice of Privacy Practices for Active Feet Clinic. I authorize AFC to release any information necessary to process my claims for health care benefits. I agree to assign the benefits of my health insurance to AFC. I understand that I am fully responsible for any non-covered services, denied services, health insurance deductibles, co-payments, and co-insurance, due by me. I also agree to pay you for any non-covered payments due to AFC that are not covered by Workers Compensation. I consent to the use of sharing of my health records for treatment, payment, and operational purposes as described in the Notice of Privacy Practices.

_____ _____

Print Patient Name Signature of Patient

_____ _____

Witness - Print Name Witness – Signature