

## NOTICE OF PRIVACY PRACTICES

### SOUTHEAST PODIATRY, P.C.

This Notice of Privacy contains a detailed description of how Southeast Podiatry, P.C. will protect your health information, your rights as a patient and our common practices in dealing with patient health information. This document, the Notice of Privacy Practices, is perpetual and does not have an expiration date. It will remain valid and fully enforceable until it is formally replaced or amended.

**Uses and Disclosures of Health Information.** We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

**Uses and Disclosures Based on Your Authorization.** Except as stated in more complete detail (available upon your request) in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization,

**Uses and Disclosures Not Requiring Your Authorization.** In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your healthcare;
- For certain limited research purposes;
- For purposes of public health and safety;
- To Government agencies for purposes of their audits, investigations and other oversight activities,
- To government authorities to prevent child abuse or domestic violence;
- To your Employer and Human Resources Department;
- To other providers of health care for continuity of care purposes;
- Unsecure text messages between the doctors of SPPC, referring doctors, healthcare providers involved in my care, and to me concerning my protected health information
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

**Patient Rights.** As our patient, you have the following rights:

- To have access to and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made;
- To request restriction as to how your information is disclosed;
- To request that we communicate with you in confidence.

Any questions, please contact our privacy officer, Nancy Harris (251) 928-6768.