



Dany Y Jabbour, D.P.M., F.A.C.F.A.S.

Practice of Podiatric Medicine and Surgery

91 Montgomery Street • Rhinebeck, NY 12572

Office: (845) 876-8637 • Fax: (845) 876-0218

www.rhinebeckpodiatry.com

HIPAA NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

POLICY STATEMENT

Our Practice is committed to maintaining the privacy of your protected health information (PHI), which includes information about your medical condition, care, and treatment you receive from the Practice and other health care providers which may need to be consulted in your treatment in our office. This notice will detail how your PHI may be used and disclosed to third parties for the sole purpose of your care, treatment, payment for your care, health care operations of the Practice and for other purposes permitted or required by law. This will also detail your rights regarding your PHI.

YOUR RIGHTS

AS A PATIENT IN OUR PRACTICE YOU HAVE A RIGHT.

- Provide us with written authorization for anyone to which you would like to have access to your medical information, care, treatment, and payment information.
- You have the right to revoke any authorization in writing at any time.
- Requests restrictions on certain use and or disclosure of your PHI as provided by law. The practice is not obligated to agree to any request restrictions of your PHI especially as it pertains to your health insurance, state or federal agencies under the law permitted to audit patient records. To request PHI restrictions other than those under law which cannot be applied to you must submit a written request to the Practice Administrator. You must include the information which you want restricted if the practice agrees and does not violate the laws set forth which pertains to third parties who are entitled to your PHI for audit purposes by state, federal, insurance companies for payment or life insurance purposes or attorney requests. If the practice agrees to your request, we will comply with your request unless information is needed to provide you with emergency treatment.
- We will restrict disclosure to your health plan when you have paid out-of-pocket in full for health care items or services provided by the Practice unless a law requires us to share that information.
- You have the right to receive confidential communications of PHI by alternative means or alternative location. You must make your request in writing to our office along with the method as to how you would like to receive the information. Please note that if you wish to have records emailed your must



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request they be sent to an encrypted email address for your own protection in the event you do not have access to an encrypted email address then you should request records be mailed to you.

- The practice charges a fee of .75 cents per page for copies of medical records and \$1.00 for each diagnostic CD. The fee is to cover costs incurred by the practice of copying and mailing your PHI and permitted by law for the office to recover these costs.
- As provided under the law to amend your PHI if information is incorrect. To request an amendment, it must be done so in writing. The reason for the amendment along with a copy of supporting documentation for the amendment. The practice may deny your request if it is not in writing, there is no reason and supporting documentation for the amendment. If the information to be amended was not created by our office or the originating individual or entity that created the information is no longer available or if the information is not part of your PHI maintained by the practice. If the information is not part of the information, you would be permitted to inspect and copy, and if the information is accurate and complete. If you disagree with the Practice's denial, you have a right to submit a written statement of disagreement and it will become a part of your medical record.
- You may request an accounting of non-routine disclosure of your PHI as provided by law. To make this request you must submit a written request to the Practice. The request must state a period to which you are requesting.
- You are entitled to request a copy of this Notice of Privacy Practices from the Practice at any time.

USE OR DISCLOSURE OF YOUR PHI

The practice will use and disclose your PHI for the purpose related to your care, payment for your care and health care operations of the Practice. Below are examples of the types of use your PHI will be disclosed.

- Care/Treatment- In order to provide care to you, the practice will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment. These professionals will include but not be limited to the referring physician and any physician to whom we may need to refer you to for additional treatment outside the scope of our practice.
- Payment- In order for our practice to be paid for services rendered to you for care and treatment the practice will need to provide PHI directly or through a billing service company used by the practice to bill your appropriate third party payor, pursuant to your insurance company payment requirements so the practice may be reimbursed properly.



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- We may furnish the patient with a bill for co-payment, co-insurance, or deductible which your insurance company may require is the patient's responsibility. If this is the case, we will make every effort to enclose a copy of the EOB from your carrier as to your patient responsibility.
- Patient Representative- We may furnish copies of your care and treatment to those who are deemed as your guardian/patient advocate/representative/healthcare proxy if they are listed and have submitted a written request.

AUTHORIZATION NOT REQUIRED FOR PHI

The practice will disclose your PHI without your written authorization in the following instances.

- De-identified information- your PHI is altered so that it does not identify you.
- The practice contracts with EMR/HER and Billing services to provide necessary services for your treatment, payment for your treatment and or health care operations. The practice has obtained satisfactory written assurances, in accordance with applicable law, that business associates and subcontractors will appropriately safeguard your PHI.
- Public Health Activities- such activities include information collected by a public health authority as applicable by law to prevent or control disease, injury, or disability.
- Abuse or Neglect or Suspected Abuse of an Adult/Child or Domestic Violence- the practice is required by law to report to the necessary local government agency and police if they suspect a person is a victim of abuse, neglect, or domestic violence. Any such disclosure will be made in accordance with the requirements of the law, which may also involve notice to you or the disclosure. You yourself may report to our staff if you are being abused or a victim of domestic violence in confidence and we will notify the appropriate agency on your behalf.
- Federal Drug Administration- If required by the FDA to report adverse events, products defects, problems, biological product deviations, recalls or to track products, repairs or replacements or conduct post marketing follow up.
- Health Oversight Activities-such activities must be required by law and involve government agencies involved in oversight of activities that are related to the health care system, government benefit programs, government regulatory agencies and civil rights law. These activities include but are not limited to criminal investigations, audits, disciplinary actions, or general oversight activities relating to community health care systems.



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- Legal and Administrative Proceedings- the practice may be required by law to disclose your PHI in response to a court order or lawfully issued subpoena.
- Law Enforcement Purposes-In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include (a) complying with a legal subpoena (b) information for identification and location purposes i.e., suspect of a crime, victim or missing person (c) in situations where the death of an individual may have resulted from criminal conduct, (d) in the event a crime occurring on the premises of the practice or the third party EMR/EHR system may have been the attack of a data breach or cyber theft. (e) a medical emergency has occurred, and it appears that a crime has occurred. (f) DEA in the event an investigation is required by a federal agency due to narcotic distribution.
- Coroner or Medical Examiner- the practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining the cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
- Organ, Eye or Tissue Donation- If you are an organ or have donated your body for scientific purposes the practice may disclose your PHI to the entity to whom you have agreed to donate your organs, tissue, or body to.
- Threat to Health or Safety- the practice may disclose your PHI if it believes that such a disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat, i.e., CDC.
- Specialized Government Functions-when the appropriate conditions apply, we may disclose your PHI to such agencies as the US Military for the following purposes (a) for activities deemed necessary by appropriate military command authorities for the purpose as to if you can continue in active-duty service, temporary leave of services or if a medical discharge is needed. (b) the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits. The practice may also disclose PHI information to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or other legally authorized agency members.
- Inmates-the office may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.



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- Workers' Compensation-if you are involved in a Workers' Compensation claim, we may be required to disclose your PHI to an entity that is part of the Workers' Compensation system determine continued treatment and payment for treatment.
- Automobile Insurance Companies- your PHI maybe disclosed to an automobile insurance company if the insurance company is a part of your necessary treatment and treatment payment. The PHI disclosure will only pertain to the treatment of the injury which the insurance company is a part of no past information will be disclosed so long as it does not pertain to the current treatment.
- Disability/Social Security- if your are on SSI or SSD we may be required to disclose your PHI to the agency to assist in their determination of your case.

If otherwise required by law, such use of disclosure of your PHI will be made within compliance of all State, Local and Federal Laws and limited to the requirements by those laws.

In the event of a system data breach all patients whose information may have been compromised will receive written notification from our office and what next steps will be taken. We make every necessary effort to safeguard your information.