

## **NOTICE OF PRIVACY PRACTICES & PATIENT RIGHTS**

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. This notice also details the rights you have with respect to protected health information (PHI). Understand that this office and its personnel maintain a high level of privacy regarding your medical and personal information, as required by law. If desired, you may request a copy of this notice for review and for your records.

### **USES & DISCLOSURES OF HEALTH INFORMATION**

**TREATMENT:** As a part of your healthcare, this medical practice originates and maintains healthcare records describing your health history, symptoms, examination, test results, diagnoses, treatments, as well as any plans for possible future care or treatment. Your information may also be communicated with other medical and ancillary health care professionals who may contribute care. This information may be used to contact you regarding upcoming appointments treatments, as well as to discuss laboratory results, ongoing medical problems, and potential treatment options.

**FAMILY MEMBERS OR OTHERS PARTICIPATING IN YOUR CARE:** Your PHI may be disclosed or discussed with a family member or friend who is participating in your healthcare. Discussions concerning your PHI with family members or friends would take place only after verbal consent is given by the patient or the patient's representative.

**BILLING & PAYMENTS:** Members of this practice may use and disclose your PHI to insurance companies and other third parties involved in managing the financial aspects of your medical care in order to justify and/or obtain payment for services rendered.

**GOVERNMENT AGENCIES:** This practice may use and disclose your PHI to local, state, and federal government agencies or their proxies when appropriately requested. Agencies include but are not limited to: Medicare (and its Administrative Contractors), the Arizona Department of Health, the Department of Defense, etc. We may use or disclose information including your PHI as required by law report abuse, neglect, or violence.

**GENERAL CLINIC OPERATIONS:** Members of this practice may use, disclose, and discuss various aspects of your PHI to better serve your healthcare needs. We may also utilize this information to improve the quality of care we provide. We may need to utilize your information to conduct improvement activities, process an audit, process accounting or legal services, or to conduct business management and planning.

**DECEDENTS:** This practice may disclose your PHI to funeral directors or coroners to allow them to carry out their lawful duties.

**WORKER'S COMPENSATION:** This practice may disclose your PHI and complete paperwork to comply with regulations related to a Worker's Compensation injury or issue.



**Office of Todd Lamster, DPM**

*Diplomate, American Board of Podiatric Surgery*

*Diplomate, American Board of Podiatric Medicine*

**OTHER USES & DISCLOSURE:** Should this office have the need to use or disclose your personal health information for any purpose not reviewed in this document, you will be contacted for permission. If you give permission, you have the right to revoke it at any time (unless the information has already been disclosed). In that case no further information used or disclosed.

### **PATIENT RIGHTS REGARDING HEALTH INFORMATION**

**ACCESS:** Patients have the right to obtain and review copies of personal health information including but not limited to: demographic forms, clinical notes, laboratory results, imaging documents, and billing records. Arizona State Law requires that this office maintain your records for 7 years after your last treatment date. In order to obtain your medical information, we ask that you request in person or submit a signed written request. Depending on the amount of documentation requested, a reasonable fee will be charged prior to dispensing.

**TRANSFER:** Patients have the right to choose their healthcare provider. In the event a patient chooses to leave the practice, the subsequent treating provider may request, in writing, a copy of all relevant medical document, at no cost to the patient.

### **NOTICE AMENDMENTS OR CHANGES**

This document may be modified, altered, or amended in order to reflect changes in office policy or to comply with local, state, and federal law. A copy of the current notice may be requested at any time.

### **QUESTIONS OR COMPLAINTS**

If any patient believes that their rights to privacy have been violated; if any patient disagrees with the decision made concerning access to protected health information; if any patient disagrees with a response to a specific request asserting their privacy rights or their protected health information, then a complaint can be submitted with the State of Arizona Board of Podiatry Examiners or the United States Department of Health and Human Services.

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SIGNATURE

DATE