

**John E. Baker, D.P.M., P.A.**

**NOTICE OF PRIVACY PRACTICE**

In accordance with the Health Care Portability and Accessibility Act (HIPPA), and as a service to your valued patients and customers, we are posting our Notice of Privacy Practice here.

Note: This Notice of Privacy Practice is provided for educational and informational purposes only. This Notice is not intended as legal advice, and is not provided for adoption of publication by any party. The form publication of any such notice may create legal obligations or liabilities, which may vary depending upon the legal status and business operations of different organizations. The form and content of any Notice of Privacy Practice should be determined only upon informed consultation with qualified legal counsel.

**THIS NOTICE IS EFFECTIVE APRIL 13, 2003 UNTIL FURTHER NOTICE**

**Right TO Notice**

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPPA), Dr. John E. Baker can use your protected health information for treatment, payment and health care operations.

- A) Treatment-We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- B) Payment-We may use and disclose your health information to obtain payment for services provided to you.
- C) Health Care Operations – We may use and disclose your health information in connection with our health care operations. Including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization**

Most uses and disclosures that do not fall under treatment, payment, and health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

**Emergency Situations**

In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your health care.

**Marketing**

We will not use your health information for marketing communications without written authorization.

**Required By Law**

We may also use or disclose your health information when we are required to do so by law.

**Abuse or Neglect**

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the victim of other crimes. We may disclose your health information to the appropriate authorities under certain circumstances.

**National Security**

We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

**Appointment Reminders**

We may use or disclose your health information to provide you with appointment reminders via phone, e-mail or letter.

**Transportation of Charts**

If charts need to leave the office in the cases of surgery, house calls, nursing homes, ECT. They will be transported in a secure container.

**Your Rights as a Patient**

You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment or health care operations.

You have the right to receive confidential communications regarding your protected health information.

You have the right to inspect and copy your protected health information.

You have the right to amend your protected health information.

You have the right to receive an account of disclosures of your protected health information.

You have the right to a paper copy of this notice of privacy practice.

**Legal Requirements**

John E. Baker, D.P.M. is required by law to maintain the privacy pf your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will be in effect until they are posted to this site, or are available with in our office.

**Complaints**

If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint.

**PRACTICE’S REQUIREMENTS**

**The Practice**

Is required by federal law maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice’s legal duties and privacy practices with respect to your PHI.

May be required by State law to maintain greater restrictions on the use or release of your PHI than that is provided for under federal law. In particular the Practice is required to comply with the following State Statutes: Health General Article, Title4, Subtitle 3, Confidentiality of Medical Records and Subtitle 4, Personal Medical Records.

Is required to abide by the terms of this Privacy Notice.

Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective of all PHI that it maintains.

Will distribute any revised Privacy Notice to you prior to implementation.

Will not retaliate against you for filing a complaint.

**EFFECTIVE DATE**

This notice is in effect as of January 01, 2003.

**PATIENT ACKNOWLEDGEMENT**

By subscribing my name below, I acknowledge receipt of a copy of this Notice and my understanding my agreement to its terms.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**