

## **Philip J. Obiedzinski, D.P.M., P. A.**

### *American Board of Foot and Ankle Surgery*

*Diplomate Board Certified in Foot and Ankle Surgery*

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## **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**

*PLEASE REVIEW IT CAREFULLY*

#### **USE AND DISCLOSURES**

##### **TREATMENT**

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

##### **PAYMENT**

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated. You can pay for care without the bill being sent to insurance.

##### **HEALTH CARE OPERATIONS**

Your health information may be used as necessary to support the day-to-day activities and management of this office. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

##### **LAW ENFORCEMENT**

Your health information may be disclosed to public health agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

##### **PUBLIC HEALTH REPORTING**

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

##### **OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

Disclosures of your health information or its use for any purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use of disclosure of your information you may submit a written revocation of authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

**A separate authorization will be needed if I use your protected health information (PHI) for marketing purposes, if I sell your PHI or any other use of your PHI that I have not already described. You can request a restriction on disclosure of your PHI to your health plan if this disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out of pocket.**

**I will notify you if there is a breach of your unsecured PHI.**

#### **ADDITIONAL USES OF INFORMATION**

**Appointment reminders: Your health information may be used by the staff to call and/or send you appointment reminders. Information about treatments: Your health information may be used to send your information describing other health-related products and services that we believe may be of interest to you.**

#### **INDIVIDUAL RIGHTS**

**You have certain rights under the federal privacy standards. These include:**

- The right to request restrictions on the use and disclosure of your protected health**
- The right to receive confidential communications concerning your medical condition and treatment. These communications can be sent to an alternative address or in various forms.**
- The right to inspect and copy your protected health information.**
- The right to amend or submit corrections to your protected health information**
- The right to receive an accounting of how and to whom your protected health information has been disclosed.**
- The right to receive a printed copy of this notice.**

#### **DR. OBIEDZINSKI'S OFFICE DUTIES**

**We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.**

#### **RIGHT TO REVISE PRIVACY PRACTICES**

**As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice at any office visit. The revised policies and practices will be applied to all protected health information we maintain.**

#### **REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION**

**You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to our records by contacting the office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.**

#### **COMPLAINTS/CONTACT PERSON**

**If you would like to submit a comment or complaint about our privacy practices, you may do so by sending a letter outlining your concerns to the address above or to the Dept. of Health & Human Services.**