

Stride FAC Residents Privacy

Facility Administrators:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR RESIDENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR RESIDENTS MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your residents protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your residents protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect August 15, 2018, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information

We will use and disclose your residents protected health information for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of residents protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose residents protected health information to provide, coordinate or manage their healthcare and any related services. This includes the coordination or management of their health care with a third party. For example, we would disclose their protected health information, as necessary, to a home health agency that provides care to them. We will also disclose protected health information to other physicians who may be treating them. For example, a resident's protected health information may be provided to a physician to whom he/she has been referred to ensure that the physician has the necessary information to diagnose or treat him/her.

In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of the resident's physician, becomes involved in his/her care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Residents' protected health information will be used, as needed, to obtain payment for their health care services. This may include certain activities that their health insurance plan may undertake before it approves or pays for the health care services, we recommend for the resident, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for protected health necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that a resident's relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

We will share your residents' protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your residents protected health information, we will have a written contract that contains terms that will protect the privacy of your residents protected health information.

Uses and Disclosures Based on Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your residents protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your residents' health care information except as described in this notice.

Public Health and Safety: We may disclose your residents protected health information to the extent necessary to avert a serious and imminent threat to their health or safety, or the health or safety of others. We may disclose their protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your residents protected health information to a public health authority that is authorized by law to receive reports of child/adult abuse or neglect. In addition, we may disclose your residents protected health information if we believe that they have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Required by Law: We may use or disclose residents protected health information when we are required to do so by law. For example, we must disclose residents protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

Process and Proceedings: We may disclose residents protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

Patient Rights

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your protected health information. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you 25 cents for each page or \$10.00 per hour to locate and copy your protected health information, and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

if you want more information about our privacy practices or have questions or concerns, please contact us using the information below. If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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