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NOTICE OF PRIVACY PRACTICES

This notice describes how patient medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information:

A record is made of each visit to a healthcare provider. Typically, this record contains the patient's symptoms, examination, test results, diagnosis, treatment and plan for future care of treatment. This information often referred to as the medial record, can serve as a:

- Basis for planning care.
- Means of communication among the health professionals who share in the patient's care.
- Legal document describing the care the patient received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Tool with which we can assess and continually work to improve care we render and the outcomes we achieve.
- Source of data for medical research.
- Source of information for public health officials.
- Source of data for marketing.

Your Health Information Rights:

The medical record is the physical property of the healthcare providers who compiled it. The information belongs to you. Under the proper circumstances you have the right to:

- Obtain a copy of this Notice or Privacy Practices upon request.
- Request a restriction on certain uses and disclosures of the medical record.
- Inspect and copy the medical record.
- Amend the medical record.
- Obtain an accounting of disclosures of the health information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

This organization is required to:

- Maintain the privacy of the patient's medical records.
- Provide you with a notice (this document is that notice) as to our legal duties and privacy practices with respect to patient medial record information we collect and maintain.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

For more information or to report a problem:

- If you would like additional information, or believe your privacy rights have been violated, contact Linda Lawton, DPM (Privacy Officer) at (302) 659-0500 during regular office hours for questions or to file a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations:

- A notation will be made in the medical record each time health information is obtained.
- Subsequent health providers, such as specialists, may be provided with copies of various notes and reports to assist them in their care of the patient.
- When services are contracted through associates, such as labs and radiology, we may disclose health and/or personal information to these associates so that said services can be rendered and billed.
- The information on the bill to insurance will include diagnosis and treatment, and actual office notes may accompany said bill.
- We may send the guarantor a bill. The information on the bill will include the diagnosis and treatment.
- We may contact you to provide appointment reminders, information about treatment alternatives, and/or other health-related benefits/services that may be of interest to you.
- As required by law, we may disclose the health information to the public health or legal authorities charge with preventing or controlling disease, injury or disability. We also disclose health information for law enforcement purposes as required by law or in response to valid subpoena. We may disclose health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or similar programs established by law.
- We may use or disclose information to a family member, personal representative, or another person responsible for the patient's care, location and general condition.

Note: We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us. We will not disclose the patient's health information without your authorization, except as described in this notice.