

**Achilles Podiatry Center  
Dr. Melchior P. Vallone**

**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.**

If you have any questions about this notice, please contact our Privacy Officer, Meg Willkomm, RN at (619) 465-3200.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. The Achilles Podiatry Center is committed to protecting personal information about you. This Notice of Privacy Practices describes how all personnel at the Achilles Podiatry Center protect your health information. It tells you about the ways we may use and disclose medical information about you. We also describe your rights to access and control your protected health information.

We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of this notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe the different ways that we use and disclose medical information. For each category of uses and disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. It is important for you to know that in California there are special kinds of healthcare information that have to be kept and handled in special ways. Included in these protected kinds of information are mental health treatment, developmental disabilities treatment, drug/alcohol abuse treatment, and HIV/AIDS treatment information. Information about treatment of minors over 12 consenting for services for reproductive health, mental health, substance abuse, pregnancy, reportable diseases, rape or sexual assault are also protected.

**FOR TREATMENT:** We will use and disclose your health information to our physicians, nurses, medical assistants, case managers, and others involved in your health care or preventative care. We will use and disclose your health information with The Achilles Podiatry Center departments and programs to identify appropriate services in providing you with quality care. In addition, we may disclose your protected health information from time to time to a physician or health care provider outside of The Achilles Podiatry Center (e.g. specialist, laboratory) who, at the request of your physician, becomes involved in your care. We may disclose information to other health care professionals to coordinate or manage your health care.

**FOR PAYMENT:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan or state program paying for your health care services may undertake before it approves or pays for the services we recommend for you such as: making a determination of eligibility or coverage of benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay or referral to a specialist may require that relevant health information be disclosed to the health plan or an appropriate state program.

**FOR HEALTH CARE OPERATIONS:** We may use or disclose your protected health information in order to provide quality care and support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your appointment time. We may also call you by name in the waiting room when the doctor is ready to see you.

We may also disclose your protected health information to organizations that participate with us in an integrated care delivery system for such activities as: quality assessments and improvement activities, activities designed to improve health and reduce the cost of health care, protocol development, case management and care coordination. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We will share your protected information with our business associates that perform various services for our practice (e.g. billing). When we share your health information with a business associate we will have a written contract that contains terms that will protect the privacy of your protected health information.

**APPOINTMENT REMINDER:** We may use and disclose medical information to contact you as a reminder that you have an appointment.

**TREATMENT RELATED BENEFITS AND SERVICES:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**HEALTH-RELATED BENEFITS AND SERVICES:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**FAMILY MEMBERS AND FRIENDS:** Under certain circumstances, we may disclose medical information about you to people *you identify* that are involved in your case such as: immediate family members, spouse, other relatives, caregivers, or close personal friends. The information we disclose will be limited to information directly relevant to their involvement with your care or payment related to your care. For example, a patient may request that a family member be allowed to pick up a prescription or documents for them. You will be asked to provide contact information to authorize us to disclose your personal health information to a person or organization when you are not present. If you fill out a form and later change your mind, you may send a letter to us at the address listed on the form to let us know that you would like to revoke the special authorization. In addition, we may disclose health information to an organization helping in a disaster relief effort so that your family can be told about your condition, status and location.

**RESEARCH:** We may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process before. You will be asked to give your consent before any information is shared for research purposes.

**AS REQUIRED BY LAW:** We may use or disclose your protected health information when the disclosure is required by law. The disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

**WORKERS' COMPENSATION:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**PUBLIC HEALTH RISKS:** We may disclose medical information about you for public health activities. The purpose of these disclosures are generally to prevent or control disease, injury or disability, to report births or deaths, to report the abuse or neglect of children, dependent adults or elders, to report domestic violence, to report to the Food & Drug Administration problems with products and reactions to medications, and to report infections or exposure to disease.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**LEGAL PROCEEDINGS:** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official in the following cases: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the health center; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to

perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

**SPECIALIZED GOVERNMENT FUNCTIONS:** We may disclose medical information about you for military or national security purposes.

**INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

**OTHER USES AND DISCLOSURES:** Uses and disclosures not covered by this notice or the laws that apply to us will be made only with your written and signed authorization. If you authorize us to use or disclose your protected health information you may revoke that authorization, in writing, at any time. If you revoke the authorization we will no longer use or disclose or disclose your protected health information for the reasons covered by the authorization. You understand that we are unable to take back any disclosures we have already made with your authorization.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

**RIGHT TO INSPECT AND COPY:** This means you may inspect and obtain a copy of protected health information about you that is used to make decisions about your care. Usually, this includes medical and billing records, but does not include some mental health information. The health information of minors, who are authorized by law to consent to medical services, may only be inspected or copied by the minor or with the minors' written authorization.

You must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may delay your request to inspect and copy your protected health information in certain very limited circumstances. If you are denied access to medical information because we feel it may be harmful to you or another person, you may request that the denial be reviewed by another licensed health care professional. We will comply with the outcome of the review.

**RIGHT TO AMEND:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to Meg Willkomm, RN. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: 1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; 2) Is not part of the medical information kept by or for the health center; 3) Is not part of the information which you would be permitted to inspect and copy; 4) Is accurate and complete.

If we deny your request for amendment, you have a right to file a statement of disagreement with us to be placed in your record. We will provide copies of any rebuttal to your statement that we make.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request a list of the disclosures we make of your medical information, for other than treatment, payment and health care operations, as described previously. The list will not include disclosures that don't identify you or those we made to you, or that were authorized by you, or made to family members or friends involved in your care.

**RIGHT TO REQUEST RESTRICTIONS:** This means you may ask us to not use or disclose any part of your protected health information for the purposes of treatment, payment, or health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to a family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

Dr. Vallone is not required to agree to a restriction that you may request. If Dr. Vallone agrees to the requested restrictions, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you wish to request with Dr. Vallone and our Privacy Offer.

You must make your request in writing. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (e.g. disclosure to your spouse).

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or through a friend. WE will accommodate reasonable requests that specify how and where you wish to receive these

communications and we will not request an explanation from you as to the reason for the request. You must make this request in writing.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. Copies of the Notice are available at our office, you will be asked to sign a form acknowledging that you were offered a copy of this notice. You will also be asked to indicate whether you received a copy or whether you refused to take a copy. If you choose not to take a copy of this notice you may change your mind at any time and may request a copy from the reception desk.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice. Changes will be effective for medical information we already have about you as well as any information we receive in the future. A copy of the current notice will be posted in our office and will be available at the reception desk.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer at (619) 465-3200. All complaints must be submitted in writing. We will not retaliate against you filing a complaint.

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