



Notice of Privacy Practices
Dr. Suzanne L. Mancherian
Foot & Ankle Wellness Clinics

I, _____, acknowledge that I have read and/or received a copy of Dr. Suzanne L. Mancherian's privacy practices (HIPAA) and have had all my questions answered regarding the information therein.

Signature

Date

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.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 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 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 health information that we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practice, we will change this Notice and provide it to you.

You may request a copy of our 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 HEALTH INFORMATION

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care and service that you receive. Your health information is contained in a record that is the physical property of Dr. Suzanne L. Mancherian.

HOW WE MAY USE or DISCLOSE YOUR HEALTH INFORMATION

For Treatment: We may use or disclose your health information to other healthcare providers providing treatment to you for:

- The provision, coordination or management of health care and related services by health care providers;
- Consultation between health care providers relating to a patient/customer
- The referral of a patient for health care from one health care provider to another

For Payment: We may use and disclose your health information to facilitate payments of benefits for treatment and services provided to you. This may include:

- Billing and collection activities and related data processing
- Actions by a health plan or insurer to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, or subrogation of health benefit claims
- Medical necessity and appropriateness of care reviews, utilization review activities; and
- Disclosure to consumer reporting agencies of information relating to collection of payments.

For Health Care Operations: We may use and disclose health information about you for operational purposes. Health care operations include:

- Rating the insurance risk related to the benefit and determining the premiums for the plan;
- Conducting quality assessments and improvement activities;
- Conducting or arranging for medical review, legal services, audit service, fraud and abuse detection and compliance programs;
- Business planning and development.

To You, Your Family and Friends: We must disclose your health information to you, as described in the Your Health Information Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location or your general condition. Prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. If you are not present or in the event of your incapacity or emergency circumstance, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care.

Required by Law: We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties; or
- To assist public health officials avert a serious threat to the health or safety of you or any other person.

Decedents: Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation: Your Health Information may be used or disclosed for cadaveric organ or tissue donation purposes.

Government Functions: Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Marketing Health Products or Services: We will not use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without your prior authorization.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your 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. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Your Employer or Organization Sponsoring Your Health Plan: We may disclose your Protected Health Information and the Protected Health Information of others enrolled in your Group insurance plan to the employer or other organization that sponsors your group insurance plan to permit the plan administrator to perform plan administration functions. We may also disclose summary information about the enrollees in your group insurance plan to the plan administrator to use to obtain premium bids for the health insurance coverage offered through your group insurance plan or to decide whether to modify or terminate your group insurance plan. The summary information we may disclose will summarize claims history, claims expenses or types of claims experienced by the enrollees in your group insurance plans. The summary information will be stripped of demographic information about the enrollees in the group insurance plan, but the plan administrator may still be able to identify you or other participants in your group health plan from the summary information.

We may also disclose enrollment and disenrollment information to either the plan administrator or plan sponsor of your group insurance plan.

Underwriting: We may receive your Protected Health Information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this Protected Health Information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us, or where we disclose such information to MID Group, Inc., a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members. In those cases, our use and disclosure of your Protected Health Information will only be as described in this notice.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You may be asked to make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice setting forth the specific information to which you desire access. If you request an alternative format, provided that it is practicable for us to produce the information in such a format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, where you have provided an authorization and certain other activities, for the last 6 years, but only for disclosures made on or after April 14, 2003 or the date coverage became effective for you, whichever is later. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your 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).

Alternative Communication: You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or locations.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances. You may obtain a form to request an amendment to your health information by using the contact information listed at the end of this Notice.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

Contact Information

If you have any questions or complaints, please contact:

Dr. Suzanne L. Mancherian
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585 S. Fairfax Avenue
Los Angeles, CA 90036
Phone: 323-937-6903
Fax: 323-937-2035