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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. The privacy of your medical information is important to us.

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about privacy practices, our legal duties, and your rights concerning your protected health information.

We must follow the privacy practices that are described in this notice and 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. You may request a copy of our notice (or 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 protected health information about you for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of your protected health information that may occur:

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We will also disclose protected health information to other physicians who may be treating you.

**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 may undertake before it approves or pays for the health care services we recommend for you.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to conduct certain business and operational activities. We will share your protected health information with third party "business associates" that perform various activities for the business. When an arrangement such as this takes place, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related services.

**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. You may give us written authorization to use your 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.

**Other Uses and Disclosures of Your Protected Health Information:** We may use and disclose your protected health information for purposes such as: Public Health and Safety, Research, Health Oversight, Abuse or Neglect, Food and Drug Administration, Criminal Activity, Court or Administrative Proceedings, providing to Others Involved in Your Health Care, or as Required by Law.

### Patient Rights

**Access:** You have the right to look at or get copies of your protected health information. You must make a request in writing to the contact person listed herein to obtain access to your protected health information.

**Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information.

**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).

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing and we must accommodate your request if it is reasonable.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons, and we would do so by providing you with a written explanation. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities that you name, of the amendment.

### 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, you may complain to us using the contact information in the header of this form. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with that address to file your complaint upon request.

We support your right to protect the privacy of your protected health information.

Contact: Southwest Austin Foot & Ankle Clinic Privacy Coordinator, 5625 Eiger Road, Suite 110, Austin, TX 78735  
Telephone: 512-447-4122 Email: info@southwestaustinfoot.com