



NOTICE OF PRIVACY PRACTICES

UNDERSTANDING YOUR HEALTH INFORMATION AND MEDICAL RECORD

Each time you visit a hospital, physician, or other healthcare provider, they document information about you and your visit. Typically, this record is referred to as your medical record and contains your name, symptoms, health history and exam, test results, diagnoses, treatment given, and a plan for future care of treatment. (“Health Information”) This medical record is used to plan your care and treatment and be a source of your health information as described as below.

YOUR HEALTH INFORMATION RIGHTS

Your medical record is the physical property of the FIRST STEP FOOT CARE, SC, site, however the information within your medical record belongs to you. Federal and Illinois Laws provide you with the following rights regarding your health information that is contained in the medical record that FIRST STEP FOOT CARE, SC, keeps about you.

- Right to obtain a copy of this Notice of Privacy Practices.
- Right to request certain restrictions on the uses and disclosures of your health information.
- Right to inspect or receive a copy of your health record.
- Right to request an amendment to your health record if you believe it contains an error.
- Right to obtain a list of all the people and companies to which FIRST STEP FOOT CARE, SC, has released your health information (an “accounting” of disclosures).
- Right to revoke your written consent/authorization to use or disclose your health information except when the use or disclosure has already happened.

Federal and Illinois Laws also provide you with the right to be informed about and give your written authorization before any health information, including highly confidential information, is disclosed, unless such disclosure is allowed or required by law. Examples of highly confidential information are mental health treatment information, substance abuse prevention, treatment or referral; developmental disability services; HIV/AIDS testing and treatment, and testing and treatment for genetic disorders.

FIRST STEP FOOT CARE, SC’S RESPONSIBILITIES ARE TO:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Do what is required by this notice or a notice that is in effect at the time FIRST STEP FOOT CARE, SC, uses or discloses your health information.
- Notify you if we are unable to agree to your requested restriction on disclosure of your health information.
- Agree to reasonable requests to communicate your health information by an alternative method or at an alternative location.

We reserve the right to change our privacy practices and to use a new Notice of Privacy Practices for all health information we maintain about you and other patients. If FIRST STEP FOOT CARE, SC, changes its practices, a new Notice of Privacy Practices will be available upon your request, by mail or in person at this site.

FIRST STEP FOOT CARE, SC'S HEALTH INFORMATION EXCHANGE PROGRAM

This practice participates in a Health Information Exchange program where key clinical information about our patients' care is shared electronically, through a secure web portal, between this practice and other physicians/providers also providing care to our patients. Basic health information is shared with other treating physicians and providers. Sharing of basic health information in a Health Information Exchange is done so to have information available to better care for patients and the information is used for no other purposes.

LATER, if you decide that you no longer wish to participate, any information in The Health Information Exchange cannot be removed, but it will not be viewable because the patient identifying information will be inactivated. If you wish to exclude your basic health information from being included in this program, please inform the practice manager. You will be asked to sign a form documenting your wishes to "Opt-out".

The following information is defined by the State of Illinois as specially protected health information and should ***only*** be shared with the patient's written permission in the Health Information Exchange, eEHX. This specially protected information includes information concerning alcoholism treatment, drug abuse treatment, mental health services, developmental disabilities services, genetic testing and treatment, testing and treatment for HIV/AIDS/Sexually Transmitted Disease, treatment for child abuse/neglect, and treatment of sexual assault of abuse.

We have taken precautions to try and exclude this information from the Health Information Exchange, but there still is a small possibility that this information may be inadvertently sent to the HIE. **Therefore, if you have specially protected health information you should "Opt-out" of participating in the eEHC, or sign a consent that allows release of your specially protected health information.**

This practice also participates with the **Illinois State Immunization Registry and Public Health Disease Surveillance Registry**. Information will be sent electronically to the IL State registries about immunizations and state-required reportable diseases. This information is used by the State of IL to track Public Health needs. If you do not want your immunization information to be reported to the IL State Immunization Registry you may request to "Opt-out" of this by signing an Opt-out form. This will not affect your care by your doctor.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

FIRST STEP FOOT CARE, SC, will use and disclose your health information contained within the medical record to give you treatment, obtain payment for your treatment and operate our healthcare business.

EXAMPLES OF HOW YOUR HEALTH INFORMATION WILL BE USED OR DISCLOSED FOR TREATMENT, PAYMENT AND OPERATIONS

We will use your health information for treatment.

For example: Your physician, nurse or other members of your healthcare team will collect and document information about you in your medical record. We may disclose information to a physician or other health care provider who will be assuming your care, for immediate or continuity or care. This health information will be used to choose the treatment they believe is best for you. Nurses and other members of the team will document in your medical record the

actions they took and their observations they made of you. Your physician will then know how you are responding to the chosen treatment.

We will use your health information for payment.

For example: We will send a bill that includes some of your health information to you, to the person responsible for the bill and your third party payer (such as your health insurance company or Medicare). In some instances, we may need to send a copy of part or all of your medical record to your third party payer. The type of health information we will send includes your name, other identifying information, diagnosis, treatment, procedures performed and supplies provided during your treatment.

We will use your health information for your routine operations.

For example: Physicians, nurses and quality improvement professionals will see your health information to review the treatment you received and its outcomes. They may also compare your treatment and outcomes to those of other patients like you. We compare cases to help us continually improve the quality and effectiveness of our health services.

We will contact patients prior to their scheduled appointments to confirm.

For example: Our staff calls all patients (1) day prior to their appointment to confirm the date and time of the scheduled appointment. This includes leaving all necessary information on a patient's answering machine when the patient cannot be reached directly or the patient is a minor.

OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

Upon receipt of your written authorization release your health information for the purposes described below:

We will use and/or disclose your health information to those persons or companies for which you give us your written authorization or permission to do so. If you authorize us to use or disclose your information, you must complete our Release of Health Information Form. You may revoke your authorization in writing at any time except to the extent that we have already used or disclosed your health information as you previously authorized. If your health information includes highly confidential information, we may only use and disclose such information for treatment, payment and operations as described above. Otherwise, unless a disclosure is allowed or required by Federal or Illinois Law, you must give us your written and co-sign an Authorization to Release Health Information Form about treatment for a mental illness or developmental disability.

First Step Foot Care, SC may, without your written authorization, release your health information for the purposes described below:

Business Associates: We provide some services through other persons or companies that need access to your health information to carry out these services. The law refers to these persons or companies as our business associates. Examples of these business associates include billing and record copying companies that assist us with billing or our services or copying medical records. Other types of business associates are organizations that collect information about patients who have been treated with similar problems such as cancer or trauma. These organizations list the information in registry directories that help physicians throughout Illinois to improve the quality of care for other patients with these same problems. We may disclose your health information to our business associates so that they can do the job we have contracted with them to do. We require that they use appropriate safeguards to ensure the privacy of your health information.

Health Oversight Activities and Specialized Government Functions: We may disclose your health information to an agency that oversees healthcare systems and ensures compliance with rules of government health programs such as Medicare or Medicaid under certain circumstances to the U.S. Military or U.S. Department of State.

Law Enforcement Officials, Medical Examiners and Coroners and Court Administrative Orders: We may disclose your health information to the police, other law enforcement officials, medical examiners and coroners, and to the court or administrative proceedings as allowed or required by law, or required by a court order or other legal process.

Notification and Other Communications with Your Relatives, Close Friends or Caregivers: You or your legal representative must tell your physician, nurse, or other healthcare team members which of your relatives or other persons may receive information about you. After learning who those persons are, we may, in our best judgment, use and disclose your health information, except for your highly confidential information, to notify these person(s) of what they need to know to care for you. In an emergency or other situation where you are not able to identify your chosen person(s) to receive communications about you, we may exercise our professional judgment to determine whether such a disclosure is in your best interest, who is the appropriate person(s) and what health information is relevant to their involvement with your healthcare.

Public Health Activities: We may report your identity and other health information to: Public health authorities for the purpose of controlling disease, injury or disability; to the U.S. Food and Drug Administration for regulation of certain products or activities; to governmental agencies as required by federal and state laws regarding work-related illness or injury; to prevent or lessen a serious or imminent threat to a person's or the public's or the public's health or safety; or, to public or private entity that is authorized to assist in disaster relief efforts.

Research: We may use or disclose your health information to identify you as a potential candidate for a research study that has been approved by an Institutional Review Board or for governmental research studies in which your identifiable information will not be released.

Workers Compensation: We may disclose your health information as allowed or required by Illinois Law relating to workers' compensation or to other similar programs.

Patient Portal:

I understand that *First Step Foot Care* Patient Portal is intended as a secure online source of confidential medical information. If I share my Patient Portal username and password with another person, that person may be able to view health information about someone who has authorized me as their proxy.

I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.

I understand that my activities within *First Step Foot Care* Patient Portal may be tracked by a computer audit and that entries I make will become part of the patient's medical record.

I understand that access to *First Step Foot Care* Patient Portal is provided by *First Step Foot Care* as a convenience to its patients and that *First Step Foot Care* has the right to deactivate access to *First Step Foot Care* Patient Portal at any time for any reason. I understand that use of *First Step Foot Care* Patient Portal is voluntary and I am not required to use *First Step Foot Care* Patient Portal or to authorize a Patient Portal proxy.

I understand the following:

1. I must log into *First Step Foot Care* Patient Portal with my own user ID and password.
2. I will abide by the terms and conditions of the *First Step Foot Care* Patient Portal site.
3. *First Step Foot Care* has the right to revoke on-line access at any time.
4. Access to patient's information will be terminated with a written request by the patient.

I also understand that:

- For medical emergencies, dial 911. *First Step Foot Care* Patient Portal is NOT to be used for urgent needs.

- All communication is sent to the nursing staff in the department, not directly to the Provider. The message will be reviewed and responded to or forwarded appropriately.
- I will receive a *First Step Foot Care* Patient Portal email notifying me when access is available with login credentials. This is normally sent within 3 business days after the consent form is received by the *First Step Foot Care*.

Other Communications with You After You are Discharged: We may contact you to remind you of appointments with your physicians or other healthcare team members and to follow up on the services you received. Unless you notify your nurse or registration coordinator that you object, we may also contact you about other health care services we offer that may benefit you.

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with Advocate Health Care, the Director of the office of Civil Rights (OCR) or the U.S. Secretary of Health and Human Services (HHS). We will not retaliate against you if you file a complaint with us or with the Directors of OCR or HHS.

If you would like to report a privacy problem or want further information,
Please contact our office manager at 847-487-2827