

**PODIATRIC ASSOCIATES OF NORTHWEST OHIO, INC.
SUMMARY OF NOTICE OF PRIVACY PRACTICES**

Our Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient, and common practices in dealing with patient health information. Please refer to that Notice for further information.

Uses and Disclosures of Health Information: We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation, and training of students.

Uses and Disclosures Based On Your Authorization: Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. Additionally, your written authorization is needed for requests for psychotherapy notes, requests for protected information used for marketing purposes, and for the sale of protected information for fund-raising. A patient who pays out of pocket in full for a service can request that we do not disclose any information about that service to an insurance company.

Uses and Disclosures Not Requiring Your Authorization: Under the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care.
- For certain limited research purposes.
- For purposes of public health and safety.
- To government agencies for purposes of their audits, investigations, and other oversight activities.
- To government authorities to prevent child abuse or domestic violence.
- To the FDA to report product defects or incidents.
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders.
- When required by court order, search warrants, subpoenas, and as otherwise required by law.

Patient Rights: To have access to and/or a copy of your health information; to receive an accounting of certain disclosures we have made of your health information; to request restrictions as to how your health information is used or disclosed; to request that we communicate with you in confidence; to request that we amend your health information; to receive our Notice of our Privacy Practices.

If you have a question, concern, or complaint regarding our privacy practices, please contact our Office Manager.