



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.

Foot & Ankle Surgical Associates respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. Your protected health information may include your symptoms, test results, diagnoses and treatment, health information from other providers, and billing/payment information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of use and disclosures of protected health information for treatment, payment, and health operations:

For Treatment:

- Information obtained by a nurse, physician, or other members of our healthcare team will be recorded in your medical record and used to help decide what care might be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For Payment:

- We request payment from your health insurance plan. Health insurance plans need information from us about your medical care. Information provided to your health plans may include your diagnoses, procedures performed, or recommended care.

For Health Care Operations:

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performances of our health care providers.
- We may contact you to remind you about the appointments and give you information about treatment alternatives or other health related benefits and services.
- We may use and disclose your information to conduct or arrange for services including;
 - Medical quality review by your health plan
 - Accounting, legal, risk management, and insurance services
 - Audit functions, including fraud and abuse detection, and compliance programs.

Your Health Information:

The health and billing records we create and store are the property of FASA Family Wellness, PLLC. The health information in it, however, generally belongs to you. You have the right to:

- Receive, read, and ask questions about this notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. While we are not required to grant the request, we will comply with any request granted.
- Request and receive from us a paper copy of the most recent Notice of Privacy Practices for Protected Health Information.
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review and denial-of-access to your health information – except in certain circumstances.



- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included in the release of your records.
- Upon your request, we will provide a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in a 12-month period.
- Ask that your health information be given to you by other means or at another location. Please sign, date, and give us this request in writing.
- Cancel previous authorizations to use or disclose your health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action we have taken before we have it. Sometimes you cannot cancel an authorization if its purpose was to obtain insurance.

Our responsibilities:

We are required to:

- Keep your protected health information private.
- Give you this notice.
- Follow the terms of this notice.

We have the right to change our practices regarding health information we maintain. If we make changes, we will update this notice. You may receive the newest copy of this notice by calling and asking for it or by visiting one of our clinics to pick one up.

To ask for help or to report a problem:

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Legal & Compliance
360.754.3338 FAX 360.7534861
1610 Bishop Rd SW, Suite 101
Tumwater, WA 98512

Signature: _____

Acknowledgement or Receipt of Notice of Privacy Practices

I acknowledge that I was provided with a copy of the Notice of Privacy Practices.