John M. Miller, DPM
335 W. South Boulder Road, Suite 5
Louisville, CO 80027
303-665-1195
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our practice is committed to protecting your medical information. We are required by federal and state laws to maintain the privacy of your Protected Health Information **(PHI)** and to give you this notice explaining our privacy practices with regard to that information. This notice explains your right and our legal obligations regarding privacy of your **PHI.** Protected Health Information is information that individually identifies you. It may be used and disclosed by your physician, our office staff, another health care provider, your health plan, your employer, or a healthcare clearing house that relates to (1) your past, present, or future physical conditions, (2) the health care rendered to you, and/or (3) the past, present or future payment for your health care.

How We May Use and Disclose Your Protected Health Information

For Your Treatment: Your **PHI** may be provided to a physician, healthcare provider or laboratory to whom you have been referred, to ensure they have the necessary information to diagnose, treat or provide you a service.
For Payment: Your **PHI** may be used and disclosed to enable us to bill and either collect payment from you, a health plan or third party for the treatment and services you receive from us.
For Health Care Operations: We may use and disclose your **PHI** in order to support the business activities of your physician's office. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to physicians, nurses, medical technicians, medical students and other authorized personnel for educational and learning purposes.
Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose your **PHI** to contact you to remind you that you have a scheduled medical appointment or to advise you of treatment options or alternatives or health related benefits and services which may be of interest to you.
As Required By Law: We will disclose your **PHI** when required to do so by federal, state, or local law.
Marketing & Any Purposes Which Require the Sale of Your Information: WE DO NOT SELL ANY PHI OF ANY OUR PATIENTS TO ANYONE.
Any Other Uses and Disclosures Not Recorded in this Notice will be made only with your written authorization.

Your Rights Regarding Your Protected Health Information

The Right to Inspect & Copy: You have the right to see and receive a copy of your health information. Please provide a written request regarding the information you wish to receive. There will be a reasonable fee charged for a copy of your records.
The Right to Request Restrictions: You have the right to request a restriction or limitation on the **PHI** we use or disclose for treatment, payment, or health care operations. Your request must be made in writing to our HIPAA Compliance Officer. If we agree to the restriction, we may only be in violation of that restriction for emergency treatment purposes.
The Right to Receive Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured **PHI.**
The Right to Request Amendments: You have the right to request an amendment or change to your **PHI.** Your request must be made in writing. In certain cases we may deny your request, but we will include your request in your file.
The Right to Request to Receive Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy.
You Have the Right to Receive a Copy of this Notice

Complaints
You may file a complaint with the Department of Health & Human Services, 200 Independence Ave., S.W., Room 509F, Washington, D.C. 20201. (202)619-0257.
If you have any questions, or for more information, please contact our HIPAA Compliance Officer, Gloria Nelson, @ (303)665-1195

ACKNOWLEDGEMENT

I have received a copy or have been given the opportunity to receive a copy of Notice for Privacy Practices for the office of JOHN M.MILLER, DPM

Signed _____Print Name_____

Date _____Patient Name_____

Amended 09/17/2013