

**Foundry Sports Medicine and Fitness**  
Foundry Orthopedics  
285 Promenade Street  
Providence, RI 02860  
**HIPAA 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. If you have any questions about this notice, please contact the Office Manager.*

**Our Obligations**

*We are required by law to:*

- *Maintain the privacy of protected health information (PHI)*
- *Give you this notice of our legal duties and privacy practices regarding health information about you*
- *Follow the terms of our notice that is currently in effect*

*PHI includes information that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment for health care provided to you. In general, we may not use or share any more PHI than is necessary to accomplish our purpose.*

**How We May Use and Disclose Health Information**

*Described as follows are the ways we may use and disclose health information that identifies you (“Health Information”). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Office Manager.*

- **Treatment.** *We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.*
- **Payment.** *We may use and disclose PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may share PHI with your health plan to get paid for the health care services we provided to you. We may also share PHI with billing companies and companies that process our health care claims.*
- **Health Care Operations.** *We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetric or gynecologic care you receive is of the highest quality. We may also share information with our accountants, attorneys and others in order to make sure we are complying with the laws that affect us.*

**Other Uses of PHI**

- **Reports required by law.** *We may report PHI when the law requires us to give information to government agencies and law enforcement about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds, or when required in a legal proceeding.*
- **Public health.** *We may report PHI about births, deaths, and other diseases to government officials in charge of collecting that information. We may provide PHI relating to death to coroners, medical examiners, and funeral directors.*
- **Health oversight.** *We may report PHI to assist the government when it investigates or inspects a health care provider or organization.*
- **Organ donation.** *We may notify organ banks to assist them in organ, eye, or tissue donation and transplants.*
- **Research.** *We may use PHI in order to conduct medical research.*
- **To avoid harm.** *We may report PHI to law enforcement, in order to avoid a serious threat to the health or safety of a person or the public.*
- **Other government functions.** *We may report PHI for certain military and veterans’ activities, national security and intelligence purposes, protective services for the President of the United States, or correctional facility situations.*
- **Workers’ compensation.** *We may report PHI in order to comply with workers’ compensation laws.*
- **Appointment reminders and health-related benefits or services.** *We may use health information to give you appointment reminders; or give you information about treatment choices or other health care services or benefits we offer.*
- **Inmates or Individuals in Custody.** *If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be made necessary if: 1.) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.*

**Your Rights**

*You have the following rights regarding Health Information we have about you:*

- **Your right to request limits on our use of PHI.** *You may ask that we limit how we use and share your PHI. We will consider your request but are **not legally required** to agree to it. If we agree to your request, we will follow your limits, except in emergency situations. You cannot limit the uses and reports that we are legally required or allowed to make. To request a restriction, you must make your request, in writing to the Office Manager.*
- **Right to Request Confidential Communication.** *You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make your request in writing to the Office Manager. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.*
- **Your right to view and get a copy of your PHI.** *You may view or obtain a copy of your PHI (except for mental health notes.) Your request must be in writing. We will reply to you within 30 days of your request. If you request a copy of your PHI, we may charge*

a fee. Instead of providing the PHI you requested, we may offer to give you a summary or explanation of the PHI, as long as you agree to that and to the cost in advance.

- **Your right to a list of the reports we have made.** You have the right to get a list of the parties to whom we have reported your PHI. The list will not include reports for treatment, payment, or health care operations; reports you have previously authorized; reports made directly to you or to your family; reports made for national security purposes; reports to corrections or law enforcement personnel; or reports made before April 14, 2003.

**We will respond to your request within 60 days.** We will include the reports made in the last six years unless you request a shorter time. The list will include the date of each report, the identity of the person(s) receiving the report, the type of information reported, and the reason for the report.

**We will not charge you for the list.** If you make more than one request in the same year, however, we may charge you a fee for each additional request. For a list, you must make a request in writing to the Office Manager.

- **Your right to correct or update your PHI.** If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include a reason for the request. Your request must be made to the Office Manager. **We will respond within 60 days of your request. We may deny your request if the PHI is 1) correct and complete, 2) not created by us, 3) not allowed to be shared with you, or 4) not in our records. If we deny your request, we will inform you of the reason for the denial. You may then file a written statement of disagreement, or you may ask that your original request and our denial be attached to all future reports of your PHI.**

If we agree to honor your request, we will change your PHI, inform you of the change, and tell any others that need to know about the change to your PHI.

- **Your right to a paper copy of this notice.** You can ask us for a copy of this notice at any time.
- **Person to contact for information about this notice or to file a complaint about our privacy practices.** If you have any questions about this notice, wish to file a complaint about our privacy practices, feel that we may have violated your privacy rights, or disagree with a decision we made about access to your PHI, please contact our Office Manager. You may also send a written complaint to the Secretary, U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201. Your complaint will not alter or affect the care we provide to you.
- **Effective Date of this notice.** This notice is in effect as of April 14, 2003.

**I have received Foundry Sports Medicine and Fitness/ Foundry Orthopedics privacy notification.**

-----  
**Print Name**

-----  
**Date**

-----  
**Signature**

**Patient refused to sign** \_\_\_\_\_

**Date** \_\_\_\_\_