

BELLINGHAM FOOT & ANKLE CLINIC  
**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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US. PLEASE REVIEW THIS NOTICE CAREFULLY.**

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**OUR LEGAL DUTY**

Your health record contains personal information about you and your health. This information may include information relating to your past, present, and future physical and mental health services or conditions. This information is referred to as your Protected Health Information (PHI). This notice describes how we may use and disclose your PHI in accordance with applicable law and the National Association of Social Workers' Code of Ethics. It also describes your rights regarding how you may gain access to this information.

*We are required by law to protect the privacy of your protected health information (PHI). We are also required to supply you with a copy of our privacy practices, our legal duties, and your rights concerning your medical information. We are required to abide by the rules of this privacy practice and reserve the right to change the terms of this notice at any time in accordance with appropriate laws and regulations.*

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**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care, treatment, and related services. This includes consultation with your primary care physicians, clinical supervisors, hospital staff, or other treatment team members. We may disclose your PHI to any other consultant only with your authorization.

**For Payment:** We may use and disclose your PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities include; making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or undertaking utilization review activities.

**Required by Law:** Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating and determining our compliance with the requirements of the Privacy Rule.

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**YOUR RIGHTS REGARDING YOUR PHI**

**Consultations and Review:** You have the right to inspect your PHI to consult and make decisions regarding your care. If you feel that your PHI is incorrect or incomplete you may ask us to amend the information, although we are not required to agree to the amendment.

**Limitations:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.