

# Metrowest Podiatry Services

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Framingham, MA 01702  
(508) 879-0811

65 Fremont Street  
Marlboro, MA 01752  
(508) 481-4535

## 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.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

**Treatment:** Providing, coordinating, or managing health care and related services by one or more health care providers.

**Payment:** Such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.

**Health Care Operations:** That we may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.

**Appointments:** We may also use and disclose information to contact you about appointments.

**Phone Messages:** We may call and leave messages with whoever answers the phone at your house or on your answering machine (provided that your name is mentioned in the message). Feel free to change as necessary.

**Treatment Alternatives:** We may use and disclose information to tell you about treatment options.

**Health Related Benefits and Services:** We may tell you about health-related benefits or services.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in or helps pay for your medical care.

**\*\*Special Circumstances-Research, Required by Law, To Avert a Serious Threat to Health or Safety, Organ & Tissue Donation, Military & Veterans, Worker's Compensation, Lawsuits & Disputes, Law Enforcement, Coroner's, Medical Examiners, Funeral Directors, National Security & Intelligence Activities & Protective Services, Inmates:** We may disclose information about you in these situations. We will do so only after trying to contact you for consent. If we are unable to contact you, we will document this, and then release the necessary information only.

You have the right to inspect and copy your medical information. (We are allowed to charge a fee for the copying of medical records) This includes medical and billing but does not include Psychotherapy notes. You must submit your request in writing to this office. We may deny your request to inspect and copy. You may request that the denial be reviewed. Another neutral health care professional, not the person who denied the request, will review your request and the denial. We will comply with the outcome of the review.

You have the right to amend your medical information if you feel the information is incorrect or incomplete. You may request an amendment as long as the office has this information. Your request must include the reason. This must be made in writing and submitted to Dr. Brian Wascavage at the address listed on the letterhead of this notice. Please send it to - Attn: Office Manager. We may comply with your request, but are only able to amend the information this office has provided. We are not allowed to amend another physician's information. You must clearly state what information you want to amend and whether you want this amendment to apply to anyone in particular.

You have the right to an accounting of disclosures of your medical information. Again, this request must be made in writing to this office.

You have the right to request that we communicate with you about medical matters in a certain way. This request must also be made in writing to this office. We will not ask the reason for your request. You must therefore specify how or where you wish to be contacted. We have the right to deny your request.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice effective for all Protected Health Information that we maintain. Revisions to our notice will be posted on the effective date and you may request a written copy of the revised notice from this office.

You have the right to file a formal, written complaint with us at the address listed above, or with the Department of Health & Human Services, Office of Civil Right, in the event you feel your privacy right has been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact the Office Manager at Metrowest Podiatry Services, PC. For more information about HIPPA, or to file a complaint, please contact the U.S. Dept. of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775 (toll free).