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**BFS BUSINESS OFFICE**

P O BOX 330.  
Fortville, IN 46040-0330  
Tel 317.863.2556  
Fax 317.203.0420

**COMMUNITY FOOT & ANKLE CENTER**

1221 Medical Arts Blvd.  
Anderson, IN 46011  
Tel 765.641.0001  
Fax 765.641.0003

**EAST FOOT & ANKLE CENTER**

161B Washington Point Dr.  
Indianapolis, IN 46229  
Tel 317.898.6624  
Fax 317.898.6636

**FOOT & ANKLE AT WESTVIEW HOSPITAL**

3520 Guion Rd., Ste 102  
Indianapolis, IN 46222  
Tel 317.920.3240  
Fax 317.920.3243

**MARION FOOT CENTER**

330 N. Wabash Ave, Ste 460A  
Marion, IN 46952  
Tel 765.664.1413  
Fax 765.965.6530

**BAKER FOOT SOLUTIONS SATILLITE FOOT CLINICS**

**GEIST FAMILY PRACTICE**

Tel 317.898.6624  
Fax 317.898.6636

**NEW CASTLE**

Tel 765.664.1413  
Fax 765.965.6530

**SPEEDWAY**

Tel 317.920.3240  
Fax 317.920.3243

**RIVERVIEW**

Tel 317.920.3240  
Fax 317.920.3243

**BAKER FOOT SOLUTIONS CORP  
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.**

This notices describes privacy practices of Baker Foot Solutions Corp.: Community Foot & Ankle Center, East Foot & Ankle Center, Marion Foot Center, Foot & Ankle@ Westview Hospital, Geist Family Practice Satellite Foot Clinic, New castle Satellite Foot Clinic, Speedway Satellite Foot Clinic, Carmel Foot & Ankle Satellite Clinic, Noblesville Foot & Ankle Satellite Clinic, Riverview Foot & Ankle Satellite Clinic and their affiliates, including: any employees; volunteers; health care professionals authorized to enter information into your health/medical record; and medical staff members (hereinafter referred to as Baker Foot Solutions or BFS)

**1. Our Duty to Safeguard Your Protected Health Information:**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered "Protected Health Information ("PHI"). We understand that medial information about you and your health is personal and we are committed to protecting medical information about you. We are required by law to make sure that your PHI is kept private and to give you this Notice about our legal duties and privacy practices, that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. If we discover a breach (as defined in 42 U.S.C. 201 et seq.) of the privacy or security of your PHI, we are required to notify you of the breach.

We must follow the privacy practices described in this Notice, though we reserve the right to change the terms of this Notice at any time. We reserve the right to make new Notice provisions effective for all PHI we currently maintain or that we receive in the future. If we change this Notice, we will post a new Notice in patient registration and/or patient waiting areas. You may request a copy of the new notice from our health care medical staff members.

## 2. How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. For certain use/disclosures we must get your written authorization. However, the law provides that we may make some How uses/disclosures without our authorization. The following section offers more description and examples of our potential uses/disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment or HealthCare Operations:**

We may share your PHI with designated staff within BFS for treatment, payment or operations purposes. Generally we may use/disclose your PHI:

**-For Treatment:** We may disclose your PHI to doctors, nurses, residents and other health care personnel who are involved in providing your health care. For example your PHI will be shared among members of your treatment team, pharmacy, or with a specialist to whom you have been referred.

**-To obtain Payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare/Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. Release of your PHI to the state Medicaid agency might also be necessary to determine your eligibility for publicly funded services.

**-For Health care Operations:** We may use/disclose your PHI in the course of our operations. For example we may use your PHI or your answers to quality of services provided by our staff, or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Indiana State Department of Health.

**-Appointment reminders:** Unless you provide us with alternative instructions we will call you to remind you of your appointment and leave a message on your answering machine or voice mail. (See Section 3 about confidential communication.)

**-Treatment alternatives:** We may contact you about possible treatment options or alternatives, or other health-related benefits or services that may interest you.

- **Uses and Disclosures Requiring Authorization:**

For uses and disclosures other than treatment, payment and health care operations purposes, we required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke and authorization in writing any time to stop **future** uses/disclosures. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission. (See section 4 for instructions for revoking an authorization.) We cannot refuse to treat you if you refuse to sign an authorization to release PHI, unless services provided are solely to create health records for a third party, such as treatment is provided for research-related and authorization is required for the use of health information for research purposes. We will not use or disclose your PHI for marketing purposes without your authorization.

- **Uses and Disclosures Not Requiring Authorization:**

The law provides that we may use/disclose your PHI without your authorization in the following circumstances:

**-When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, for FDA-

regulated products or activities, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**-For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority, such as reports of diabetes cases or births and deaths.

**-For Health oversight activities:** We may disclose PHI to the Indiana State Department of Health or other agencies responsible for monitoring the healthcare system for such purposes as reporting or investigation of unusual incidents.

**-Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral doctors.

**-For research purposes:** In certain circumstances, and under supervision of a podiatrist, we may disclose PHI in order to assist medical research, such as comparing the health and recovery of all patients who received one medicine to those who received another. Generally, we will ask you for your specific permission if the researcher will have access to your name, address and other PHI, or will be involved in your care.

**-To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**-Law enforcement:** We may disclose PHI to a law enforcement official in circumstances such as: in response to court order; to identify a suspect, witness or missing person; about crime victims; about a death that we may suspect is the result of criminal conduct; or criminal conduct at the hospital or health care facility.

**-For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the President.

**-Workers' Compensation:** We may disclose your PHI to your employer for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.

**-Inmates:** An inmate of a correctional institution does not have the rights listed in this Notice of Privacy Practices.

- Uses and Disclosures Requiring You to Have an Opportunity to Object:

In the following situations, we may disclose your PHI if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure. However if there is an emergency situation and you cannot be given the opportunity to agree or object, we may disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

**-To families, friends or others involved in your care:** We may share with these people information directly related to your family, and friends or other person's involvement in your care, or payment for your care.

### 3. Your Rights Regarding Your Protected Health Information:

You have the following rights to your protected health information:

**-To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. If agreed upon, these restrictions will only apply to BFS affiliates listed in the beginning of this Notice. You understand that we are not able to take back disclosures already made. We cannot agree to limit uses/disclosures that are required by law.

**-To request confidential communication:** You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing. We must agree to your request as long as it is reasonable easy for us to do so.

**-To inspect and copy you PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI if you put your request in writing. We will respond to your request within 30 days. If we deny your access we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance.

**-To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond and within 60 days of receiving your request. We may deny your request if we determine that the PHI is (1) correct and complete; (2) not created by us and /or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

**-To find out what disclosures have been made:** You have a right to get a list of when, to whom for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave your written authorization. (This is called an accounting of disclosures.) Your request can relate to disclosures going as far back as six years. The list will not include any disclosures made: for national security purposes; for treatment, payment or health care operations purposes to law enforcement officials or correctional facilities. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will no charge for the first list requested each year. There may be a charge for subsequent requests.

**-To receive a paper copy of this Notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. To obtain a copy of this Notice at the clinic contact any clinic health care provider. To have a copy mailed or emailed contact Barbara Claypool, Baker Foot Solutions Group Business Manager, 317-863-2556, or in writing at;

Baker Foot Solutions  
P O Box 330  
Fortville, IN 46040-0330

**4. How to Complain About Our Privacy Practices:**

If you think we may have violated your privacy rights or if you disagree with a decision we made about access to your PHI, you may file a complaint with your doctor, or with Barbara Claypool, Baker Foot Solutions Group Business Manager, 317-863-2556. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized if you file a complaint.

**5. Instructions for Revoking an Authorization:**

You may revoke an authorization to use or disclose your PHI in writing, except: 1) to the extent that action has been taken in reliance on the authorization, or 2) if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy. Your written revocation must include the date of the authorization, the name of the person or organization authorized to receive the PHI, your signature and the date you signed the revocation, addressed to the contact person listed on your original authorization.

Effective Date: 4 February 2016