



Notice Of Privacy Practices

Your Information.
Your Rights.
Our Responsibilities.

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.

YOUR RIGHTS

You have the right to:

- Obtain an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit the information we share
- Obtain a list of those with whom we've shared your information
- Be notified of an information breach
- Choose someone to act on your behalf
- Receive a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You can choose the way that we use and share your information:

- Share information with your family, close friends, or others involved with your care
- Share information in a disaster relief situation
- Include your information in a facility directory
- Share sensitive health information
- Market our services
- Conduct fundraising

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Provide treatment
- Run our organization
- Bill for your services
- Help with disaster and emergency incidents'
- Help with public health and safety issues
- Comply with the law
- Respond to lawsuits and legal actions
- Work with the medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to organ and tissue donation requests

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and give you a copy, or provide a copy upon your request.
- We will not use or share your information other than as described here unless you tell us we may in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website OptimumFootCare.net, and posted in prominent areas of facilities. You can also contact Optimum Foot Care Privacy Officer to obtain the most recent copy of this notice.

March 2025: This Notice of Privacy Practices applies to Optimum Foot Care, LLC, clinics and physicians on staff at Optimum Foot Care, LLC.

Privacy Notice Contact

Privacy Officer - Optimum Foot Care, LLC
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Phone (985) 463-3668 - Info@OptimumFootCare.net