



Rex G. Diaz, DPM, FACFAS

NOTICE OF PRIVACY PRACTICES

- 1. USES AND DISCLOSURES OF HEALTH INFORMATION.** We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.
- 2. USES AND DISCLOSURES BASED ON YOUR AUTHORIZATION.** We will not use or disclose your health information without your written authorization.
- 3. USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION.** In the following circumstances, we may disclose your health information without your written authorization:
 - To family members or close friends who are involved in your health care.
 - For certain limited research purposes
 - For purposes of public health and safety
 - To Government agencies for purposes of their audits, investigations and other oversight activities.
 - To Government authorities to prevent child/elder abuse/neglect or domestic violence
 - To the FDA to report product defects or incidents
 - To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
 - When required by court order, search warrants, subpoenas and as otherwise required by law.
- 4. PATIENT RIGHTS.** As our patient , you have the following rights:
 - To have access to and/or copy of your health information
 - To receive an accounting of certain disclosures we have made of your health information
 - To request restrictions as to how your health information is used or disclosed
 - To request that we communicate with you in confidence
 - To request that we amend your health information
 - To receive notice of our privacy practices.