

Foot and Ankle Center of Middle Georgia, LLC Privacy Policy

NOTICE OF PRIVACY POLICY: 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your Protected Health Information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your **Protected Health Information (PHI)**. We must follow the privacy practices that are described in this notice while it is in effect. This Privacy Policy is effective, April 1, 2007, and will remain in effect until further notice.

We reserve the right to change our privacy policy, and terms of this notice at any time provided applicable law permits changes.

We reserve the right to make the changes in our privacy practices and the new terms of our notice applicable for all Protected Health Information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. The current copy of the Privacy Policy will be available on the Foot and Ankle Center of Middle Georgia LLC's website. For more information about our privacy policies, or for additional copies, please contact us using the information listed at the end of this document.

Uses and Disclosures of Protected Health Information

We will use and disclose your Protected Health Information about you for treatment, payment, and healthcare operations.

Following are examples of the types of uses and disclosures of your protected health care information that may occur. These illustrations are not meant to be all-inclusive, but merely provide examples of the "*uses and disclosures*" that may be used by our office.

Treatment: We will use and disclose your Protected Health Information to provide, coordinate or manage your healthcare and any related services. Treatment includes the coordination or management of your health care with a third party. For example, we would disclose your Protected Health Information, as necessary, to a home health agency that participates in your current or ongoing care. We will also disclose Protected Health Information to other physicians who may be treating you. For example, your Protected Health Information may be disclosed to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Also; we may disclose your Protected Health Information from time to time to another physician or healthcare provider (e.g., a specialist, anesthesia or laboratory) who, at the request of your physician, becomes involved in your care by participating on your medical treatment team, and assist assistance with treatment to your condition.

Payment: Your Protected Health Information will be used, as needed, to obtain payment for your healthcare services. *Payment* includes specific activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for protected health necessity, and undertaking utilization review activities. We will share your health insurance benefits with other providers on your medical team to reduce paperwork you will have to complete for registration. For example, obtaining approval for a hospital stay may require that your relevant Protected Health Information is disclosed to the health plan to get approval for the hospital admission.

Health Care Operations: We may use, or disclose, as needed, your Protected Health Information to conduct business and operational activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you by telephone or mail to remind you of your appointment.

We will share your Protected Health Information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected Health Information.

We may use or disclose your Protected Health Information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your Protected Health Information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact us to request that these materials not be sent to you.

Uses and Disclosures Based On Your Written Authorization: Other uses and disclosures of your Protected Health Information will be made only with your authorization unless otherwise permitted or required by law as described below.

You may give us written authorization to use your Protected Health Information or to disclose it to anyone for any purpose. If you provide authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Marketing: We may use your Protected Health Information to contact you with information about treatment alternatives that may be of interest to you. We may disclose your Protected Health Information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Research; Death; Organ Donation: We may use or disclose your Protected Health Information for research purposes in limited circumstances. We may disclose the Protected Health Information of a deceased person to a coroner, protected health examiner, funeral director or organ procurement organization for certain purposes.

Public Health and Safety: We may disclose your Protected Health Information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your Protected Health Information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Health Oversight: We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies

seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your Protected Health Information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Required by Law: We may use or disclose your Protected Health Information when we are required to do so by law. For example, we must disclose your Protected Health Information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your Protected Health Information when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your Protected Health Information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your Protected Health Information to law enforcement officials.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the Protected Health Information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the Protected Health Information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose Protected Health Information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Access: You have the right to look at or get copies of your Protected Health Information, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your Protected Health Information. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you the current approved rate for medical record copies under HIPAA guidelines, if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your Protected Health Information for a fee. Contact us using the information listed at the end of this notice for a full description of our fee structure.

Accounting of Disclosures: You have the right to receive a list of instances in which our business associates or we disclosed your Protected Health Information for purposes other than treatment, payment, healthcare operations and specific other activities after April 14, 2003. After April 14, 2009, the accounting will be provided for the past six (6) years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your Protected Health Information, a description of the Protected Health Information we disclosed, the reason for the disclosure, and specific other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your Protected Health Information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your Protected Health Information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

Amendment: You have the right to request that we amend your Protected Health Information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts

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to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your Protected Health Information or in response to a request you made, or you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your Protected Health Information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Name of Contact Person:

Corporate Compliance Officer
Post Office Box 6007
Warner Robins, Georgia 31095-6007
478-929-0036 phone
888-378-1577 fax

YOUR PERSONAL INFORMATION

We will not sell, distribute or lease your personal information to third parties unless we have your permission or are required by law. We may use your personal information to send you promotional information about third parties which we think you may find interesting if you tell us that you wish this to happen.

You may request details of personal information which we hold about you under the Data Protection Act 1998. A small fee will be payable. If you would like a copy of the information held on you, please send contact our office. If you believe that any information we are holding on you is incorrect or incomplete, please write to or email us as soon as possible, at the above address. We will promptly correct any information found to be incorrect.

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Foot and Ankle Center of Middle Georgia, LLC Website Disclaimer

Foot and Ankle Center of Middle Georgia, LLC maintains this website as a benefit for and service to our patients, as well as our community. While *Foot and Ankle Center of Middle Georgia, LLC*, and our representatives strive to keep the information contained in this site current; there is no warranty or guarantee concerning accuracy of content.

Some of the information contained in this site relates to medical topics and issues; however, no information in the site should be construed as medical advice. All questions regarding your health or possible health problems should be directed to your physician. Also, this site includes links to other websites; however, *Foot and Ankle Center of Middle Georgia, LLC* does not endorse the linked sites, and takes no responsibility for the content or information contained in the linked sites.

The material on this website is ***for informational purposes only*** and is not a substitute for medical advice or treatment for any medical conditions. You should promptly seek professional medical care if you have any concern about your health, and you should always consult your physician before starting a fitness regimen. No representation is made about the quality of the podiatric services to be performed or the expertise of the podiatrist performing such services.

Medical and/or surgical treatment of the ankle, foot, and lower leg are provided in the Fort Valley, Perry, and Warner Robins and at Peach State Surgery Center.

Foot and Ankle Center of Middle Georgia, LLC Website Privacy Notice

Foot and Ankle Center of Middle Georgia, LLC provides the following assurances of privacy for visitors to our website:

- The Foot and Ankle Center of Middle Georgia, LLC website is designed to provide useful information about our program and to connect users with physicians, staff and services within Foot and Ankle Center of Middle Georgia, LLC organization.
- Our website does not promote or sell products of any kind.
- We hope that the information provided encourages the visitor to consider using one of the Foot and Ankle Center of Middle Georgia, LLC Clinics for medical care, or that visitors recommend family and friends to one of our clinics for an appointment with a Foot and Ankle Specialists or Podiatric Care.
- We keep track of visits to our website via an automatic monitoring program that tells us, among other things, how many visits are made our website; and includes the time of day, date of those visits; and the areas visited on the website. This information is used to evaluate the effectiveness of our site and the effectiveness of any promotion of our site. It helps us answer questions such as these: Are we providing information on our website that is useful? Which information is most useful? How have we made you aware that our website exists?

The monitoring program does not provide us with any personal information about a visitor. We cannot discern the name, address or any other personal information about visitors to our website. If we wish to gather such personal information, it will be requested via a form on the website that the user voluntarily completes, and submits. The form will describe the way in which the information will be used.

Who Funds our Website

The Foot and Ankle Center of Middle Georgia, LLC website is funded entirely by the operating income of Foot and Ankle Center of Middle Georgia, LLC. We accept no outside funding for the creation or maintenance of our website, nor do we accept advertising income in exchange for promotion of any product or service via our website.

Who Oversees our Website

The information on our website is managed by the Foot and Ankle Center of Middle Georgia Marketing Department. Questions, concerns or suggestions can be directed to: Foot and Ankle Center of Middle Georgia Marketing Department at 478-988-4676. Comments or questions will be routed to the appropriate individual within the organization.

You can also contact us via U.S. mail:

Foot and Ankle Center of Middle Georgia, LLC
P.O. Box 6007
Warner Robins, Georgia 31095-6007

Our Health Information

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All health-related information provided via our site is intended to educate and inform visitors about illnesses and conditions and ways to maintain optimum health. It is not intended to diagnose personal physical conditions, and is not a substitute for consulting with one's own personal health care provider.

Material is for Information Purposes Only

The material on this website is *for informational purposes only* and is not a substitute for medical advice or treatment for any medical conditions. You should promptly seek professional medical care if you have any concern about your health, and you should always consult your physician before starting a fitness regimen. No representation is made about the quality of the podiatric services to be performed or the expertise of the podiatrist performing such services.

PERSONS UNDER 18 YEARS OF AGE ARE EXCLUDED FROM THIS WEBSITE

This website is not lawfully accessible to persons under the age of 18 or who are otherwise covered by the provisions of the **Child Online Privacy Act of 1998 (COPA)**. If you are under the age of 18, you must leave this site immediately. Fraudulent use of this website may make you subject to civil or criminal sanctions.

LINKS TO OTHER WEBSITES

Our website may contain links to enable you to visit other websites of interest easily. However, once you have used these links to leave our site, you should note that we do not have any control over that other website. Therefore, we cannot be responsible for the protection and privacy of any information which you provide while visiting such sites, and such sites are not governed by this privacy statement. You should exercise caution and look at the privacy statement applicable to the website in question.

Foot and Ankle Center of Middle Georgia, LLC

Statement of Non-Discrimination

Foot and Ankle Center of Middle Georgia, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Foot and Ankle Center of Middle Georgia, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Foot and Ankle Center of Middle Georgia, LLC provides free aids and services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters

Written information in other formats (large print, accessible electronic formats, other formats)

Foot and Ankle Center of Middle Georgia, LLC provides free language services to people whose primary language is not English, such as:

Qualified interpreters

Information written in other languages

If you need these services, contact our office:

Foot and Ankle Center of Middle Georgia, LLC
Post Office Box 6007
Warner Robins, Georgia 31095-6007
Telephone: 478-988-4676 Fax 478-987-7901

If you believe that Foot and Ankle Center of Middle Georgia, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Sarvepalli D. Jokhai, Practice Administrator

Post Office Box 6007

Warner Robins, Georgia 31095-6007

Telephone: 478-988-4676 Fax 478-987-7901

You can file a grievance in person or by mail or fax. If you need help filing a grievance, we have staff available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Peach State Surgery Centers, Inc. Physician Ownership Disclosure and Alternative Source of Service

Peach State Surgery Centers, Inc. is classified as a single specialty ambulatory surgery center and located at 1040 Morningside Drive, Perry, Georgia, 31069. The surgery center received its license to operate in 2007. The State Certified, Freestanding, Podiatric Ambulatory Surgery Center is the only facility specializing in Podiatric Surgery in Houston, County, Georgia. Peach State Surgery Centers, Inc. is accredited by Medicare and the Association for Podiatric Surgery Facilities, based in Marietta, Georgia.

Ownership

Please be advised that Sarvepalli D. Jokhai, DPM and Foot and Ankle Center of Middle Georgia, LLC are owners of Peach State Surgery Centers, Inc. You are entitled to obtain the services for which you have been referred to this surgery center at the location of your choice. The alternative sources of the services for which you have been referred to this entity are as follows:

PERRY

Perry Hospital

FORT VALLEY

The Medical Center of Peach County

WARNER ROBINS

Houston Medical Center

Grievances

If you have further concerns about the care being provided in this licensed ambulatory surgery center, you may express concern to the surgery center Compliance Official, within 30 days according to the surgery center policy. A reply will be given within 15 days of receipt of your complaint. You may also file a complaint with the State Licensure Office for Freestanding ASCs.

Department of Community Health,
Healthcare Facility Regulation Division,
Two Peachtree Street, NW, 31st Floor
Atlanta, GA 30303-3142
404-657-5728
800-878-6442
404-657-5731 - Fax

If your concern is not resolved to your satisfaction, you may contact the state or Medicare ombudsman at 1-800-medicare or online at www.cms.hhs.gov/center/ombudsman.asp.

This notice is posted as required by regulation of the Department of Public Health and Medicare CFC.

ADVERTISING: 290-5-33-.21 Advertising. Any advertising of the services provided in or by ambulatory surgical treatment center shall include the full name of the center and its Georgia license number, as shown on the face of the permit. Authority Ga. L. 1964, pp. 499, 507, 522, 565, 611, 612, 613; Ga. L. 1964, p. 338, as amended; Ga. L. 1966, pp. 310, 311, 312; Ga. L. 1972, pp. 1069, 1070, 1071, 1072; Ga. L. 1973, p. 635 et seq.; Ga. L. 1978, pp. 1757, 1758; Ga. L. 1978, p. 941 et seq.; and Ga. L. 1979, p. 1109 et seq. Administrative History. Original Rule entitled "Advertising" was filed on January 22, 1980; effective March 1, 1980, as specified by the Agency.

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