

MISSOULA

FOOT & ANKLE GROUP



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SUMMARY OF THE NOTICE OF PRIVACY PRACTICES

This summary is intended to assist you in understanding the Notice of Privacy Practices posted in the medical office.

The Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient, and our common practices in dealing with patient health information. Please refer to the full-text Notice for further information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat you or assist other health care providers in treating you. We 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.

Uses and Disclosures Based on Your Authorization. Except as stated in detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

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 friends that 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 abuse 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 warrant, subpoenas, or as otherwise required by the law.

Patient Rights As our patient, you have the following rights:

- To have access to and/or a 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 a copy of the notice of privacy practices

If you have a question, concern, or complaint regarding our privacy practices, please refer to the Notice of Privacy Practices for the person or persons whom you may contact.

Thank you for reading this bulletin.