Katherine E. Chou, DPM

2100 Webster St., Suite 407, San Francisco, CA 94115
Phone: (415) 426-7771 Fax: (415) 967-7053
www.drkatherinechou.com scheduler@drkatherinechou.com

HIPAA PRIVACY POLICY

Consent for Use or Disclosure of Health Information

Dr. Chou and her office staff are very concerned with protecting your privacy. While the law require us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which we may have to use or disclose your health care information:

1. We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
2. We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.
3. We may need to use your health information within our practice for quality control or other operational purposes such as recall notices, reminder calls, and treatment news.

All health and patient information disclosed to Dr. Chou and her employees or staff shall remain confidential and we will ensure that we are in compliance with all federal and state laws pertaining to confidentiality of patient health information, including HIPAA.

Your Right to Limit Uses or Disclosures

You have the right to request that we do not disclose your health information to specific individuals,companies, or organizations. If you would like to place any restrictions other use or disclosure of your health information, please let us know in writing.

Patient Rights to Confidentiality

All medical records are confidential and cannot be disclosed without the written consent of the person to whom they pertain. You have the right to your medical records and may request your records be released to a physician and/or medical facility; however, this request must be in writing and you may be charged a small administrative fee for the service. By law, this office may only release medical records that were generated by Dr. Chou or Dr. Spector. We cannot release medical records from other physicians, hospitals or facilities. Employees have no responsibility or liability regarding any aspect of this authorization. Furthermore, you have the right to complain to the practice or the State of HHS if you feel that your privacy rights have been violated. It is the policy of this office that no retaliation of any type will be taken against any patient that files a complaint.

We are happy to provide you with a paper copy of the HIPAA policy upon request.