KIRK PODIATRY

NOTICE OF PRIVACY PRACTICES

Effective Date: November 10, 2026

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.

Kirk Podiatry is committed to protecting the privacy of your health information. This Notice explains how we may use and disclose your protected health information (PHI), your rights regarding that information, and our legal responsibilities.

"Protected health information," or **PHI**, includes information about your health, the care and services you receive, and payment for your care that can identify you.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you if there is a breach involving unsecured PHI that may have compromised the privacy or security of your information.
- Obtain your written authorization before using or disclosing your PHI for purposes not otherwise permitted or required by law.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use or disclose your PHI without your written authorization for the following purposes:

Treatment

We may use or share your PHI to provide, coordinate, or manage your health care. For example, we may share information with another provider involved in your care, such as your primary care clinician, surgeon, hospital, pharmacy, laboratory, or physical therapist.

Payment

We may use or share your PHI to bill and collect payment for the care and services you receive. For example, we may provide information to your health insurance plan to verify coverage, obtain prior authorization, process a claim, or explain why a service was medically necessary.

Health Care Operations

We may use or share your PHI to operate and improve our practice. Examples include quality assessment, staff training, credentialing, auditing, compliance activities, and business planning.

Appointment Reminders and Health-Related Services

We may contact you to remind you about appointments or to provide information about treatment alternatives, health-related benefits, or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may share relevant PHI with a family member, friend, or other person you identify who is involved in your care or payment for your care. We may also share information in a disaster-relief situation.

Required by Law

We will disclose PHI when federal, state, or local law requires us to do so.

Public Health and Safety

We may disclose PHI for public health activities, including reporting certain diseases, injuries, adverse reactions to medications or medical devices, suspected abuse, neglect, or domestic violence, and to help prevent or control disease.

We may disclose PHI to help prevent or lessen a serious and imminent threat to the health or safety of a person or the public, consistent with applicable law and professional standards.

Health Oversight Activities

We may disclose PHI to health oversight agencies for activities authorized by law, such as audits, inspections, investigations, licensure, and other regulatory activities.

Legal Proceedings, Law Enforcement, and Government Functions

We may disclose PHI in response to a court order, subpoena, or other lawful process, and for certain law-enforcement purposes. We may also disclose PHI for specialized government functions, including military, veterans, national security, and protective-services activities, as permitted by law.

Workers' Compensation

We may disclose PHI as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Coroners, Medical Examiners, Funeral Directors, Organ Donation, and Research

We may disclose PHI to coroners, medical examiners, funeral directors, organ procurement organizations, or researchers when permitted by law. Research use of PHI generally requires your written authorization unless a legally authorized review board has approved a waiver.

Business Associates

We may share PHI with outside organizations that provide services on our behalf, such as billing services, electronic health record vendors, legal advisors, or consultants. These organizations are required by law and contract to protect the privacy and security of your PHI.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice, except when otherwise permitted or required by law.

Your written authorization is generally required for:

- Most uses and disclosures of psychotherapy notes, if applicable.
- Most uses and disclosures of PHI for marketing purposes.
- The sale of PHI.
- Any other use or disclosure not described in this Notice.

You may revoke an authorization at any time by submitting a written revocation to our Privacy Officer. Your revocation will not affect any use or disclosure already made in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI that we maintain about you:

Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your medical and billing records, with limited exceptions. You may request your records in paper or electronic form. We may charge a reasonable, cost-based fee as permitted by law.

Right to Request an Amendment

If you believe information in your records is incorrect or incomplete, you may request that we amend it. Your request must be made in writing and explain the reason for the requested amendment. We may deny your request in certain circumstances, but we will provide a written explanation.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations, or to persons involved in your care. We are not required to agree to every requested restriction.

However, if you pay for a service in full out of pocket and ask us not to disclose information about that service to your health plan for payment or health care operations, we will honor the request unless we are required by law to make the disclosure.

Right to Request Confidential Communications

You have the right to request that we contact you in a specific way or at a specific location. For example, you may request that we contact you only by mail, at a particular phone number, or at a different address. We will accommodate reasonable requests.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures of your PHI that we have made. This list will not include disclosures made for treatment, payment, health care operations, or certain other disclosures permitted by law.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you agreed to receive it electronically. You may ask for a copy during any visit or contact our office.

Right to Receive Notice of a Breach

You have the right to be notified if there is a breach of unsecured PHI that may have compromised the privacy or security of your information.

Right to Choose

You may tell us in writing not to share your PHI with family members, friends, or others involved in your care or payment for your care. You may also ask us not to share your information for fundraising purposes, if applicable.

OUR RIGHT TO CHANGE THIS NOTICE

We may change the terms of this Notice at any time. Any revised Notice will apply to all PHI we maintain. The revised Notice will be available upon request in our office and will be posted or otherwise made available as required by law.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, wish to exercise any of your privacy rights, or believe your privacy rights have been violated, please contact:

Patricia Kirk
Kirk Podiatry
9486 Hwy 412 West
Lexington, TN 38351
Phone: 731-249-5230
Fax: 731-506-4888
Email: staff@kirkpodiatry.com

You may file a complaint with Kirk Podiatry. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services
Office for Civil Rights

200 Independence Avenue, S.W.
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received or have been offered a copy of the Kirk Podiatry Notice of Privacy Practices.

Patient Name: _____

Patient or Personal Representative Signature: _____

Date: _____

Relationship to Patient, if applicable: _____