

Notice of Privacy Practices

Effective Date: 10/08/2025

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.

Our Responsibilities

KIN Foot & Ankle is required by law to maintain the privacy and security of your Protected Health Information ("PHI"). We are committed to following the terms of this notice and will provide you with updates as required. You may request a paper or electronic copy of this notice at any time.

A Privacy Officer (Dr. Megan Ishibashi, DPM, FACFAS) is available to answer questions and handle privacy concerns.

How We May Use and Disclose Your Health Information

- For Treatment: Sharing your information with other health care professionals and providers involved in your care (e.g., referring to other physicians, laboratory use, or pharmacy).
- For Payment: Using and disclosing your information so that insurance companies or other payers can pay for your treatment and services.
- For Health Care Operations: Using/disclosing your information for practice management, quality assessment, training staff, and business operations.

Other permitted or required uses include:

- Public health reporting (such as reporting infectious diseases)
- Health oversight activities (audits, investigations, licensure)
- Law enforcement or legal proceedings, when required by law
- Research (with special protections and when allowed by law)
- To avert a serious threat to health or safety
- As otherwise required by applicable federal or state law

Other uses/disclosures of your health information (such as marketing or selling PHI) require your written permission. You may revoke your permission at any time in writing.

Your Rights Regarding Your Health Information

You have the right to:

- Request to view and receive copies of your medical records and other health information.
 - Request corrections if you believe your health information is incorrect or incomplete.
 - Request restrictions on certain uses/disclosures, though we are not required to agree to all requested restrictions.
 - Request confidential communications (you may ask us to contact you in a specific way or at a specific place).
 - Obtain an accounting of disclosures of your health information for reasons other than treatment, payment, or operations.
 - Receive a paper copy of this notice, even if you receive it electronically.
 - File a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation for filing a complaint.
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Changes to This Notice

We reserve the right to change this Notice. The revised notice will apply to all health information we maintain and will be available in our office and on our website. You may request a current copy at any time.

Contact Information

Privacy Officer: Megan Ishibashi, DPM, FACFAS

Practice Name: KIN Foot & Ankle

Address: 11860 Wilshire Blvd, Ste 301, Los Angeles, CA, 90025

Phone: (310) 853-0084

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This notice describes how we protect your privacy, how we may use and share your health information, and your privacy rights as a patient in our podiatry practice. Please let us know if you have any questions.