



## HIPAA Notice of Privacy Practice

This notice describes how your medical information may be used, disclosed and how you can get access to this information. Please review carefully.

This notice of Privacy Practice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations, (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

### Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside our office that are involved with your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we could disclose your PHI, as necessary, to a home health agency that provides care to you or a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services.

Health Care Operations: We may disclose, as needed, your PHI in order to support business activities of your physician's practice. These activities include, but are not limited to, quality assurance activities, employee review activities, training of medical students, licensing etc. We may also call you by name in the waiting room when your physician is ready to see you.

We may also use your PHI in the following situations without your authorization. These situations include: as required by Law; Public Health issues required by law; Communicable Diseases, Health Oversight, Abuse or Neglect, FDA requirements, Legal Proceedings, Law Enforcement, Workman's Compensation, etc.

Other Permitted and Required Uses and Disclosures: Will be made ONLY with your consent, authorization unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that your physician or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### Your RIGHTS:

You have the right to inspect and copy your PHI information. Under federal law however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, in use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means you may ask us not use or disclose any part of your PHI for the purpose of treatment, payment or health care operations. You may also request that any or your entire PHI not be disclosed to any family member or friends not involved in your care of the notification purposes described in this notice of privacy practices. Your request must state the specific restriction request and to what you want the restriction to apply.

Your physician is not required to agree to a restriction that you may make. In your physician believes it is in your best interest to permit use and disclosure of your PHI, Your PHI will not be restricted. You then have the right to use another Health Care Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You have the right to have your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. We reserve the right to change the terms of this agreement and inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on or before April 14, 2003. We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with HIPAA Compliance Officer in person or by phone. Your signature below is only acknowledgement that you have received this Notice of our Privacy Practices.

PRINT NAME \_\_\_\_\_ Signature \_\_\_\_\_ DATE \_\_\_\_\_

May we leave a message on your answering machine? Yes \_\_\_ No \_\_\_ May we speak with other family members on your behalf? Yes \_\_\_ No \_\_\_

Names of family members we may contact: \_\_\_\_\_

Phone numbers of family members we may contact \_\_\_\_\_