

## **Notice of Privacy Practices**

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.**

### **We will protect your privacy:**

We are committed to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create written and electronic records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

### **We may use and disclose your protected health information in the following ways:**

- 1. Treatment.** We may use your PHI to treat you by providing medical care services, sending/coordinating medical care information with other health care providers caring for you, ordering and obtaining off site tests/results, writing prescriptions or calling/faxing pharmacies for prescriptions.
- 2. Payment.** We may use and disclose your PHI for activities such as billing and collecting payment for the services and items you may receive from us, providing your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment, and contacting insurance companies for eligibility of benefits in certain situations.
- 3. Health care operations.** We may use and disclose your PHI to operate our business for activities such as internal business planning activities and quality of care evaluations.

### **We are permitted or required, under specific circumstances, to use or disclose protected health information without your written authorization, including, but not limited to:**

1. Disclosures required by law
2. Disclosures to avert serious threats to health or safety
3. Disclosures due to public health risks (ie. preventing or controlling disease, injury or disability, notifying a person or organization regarding potential exposure to a communicable disease, reporting abuse)

### **You have the following rights regarding your protected health information:**

1. The right to request restrictions on certain uses and disclosures of protected health information. We are not required to agree to a requested restriction, however.
2. The right to receive reasonable requests of confidential communications of protected health information, as applicable.
3. The right to inspect and copy protected health information.
4. The right to amend protected health information.
5. The right to receive an accounting of disclosures of protected health information.
6. The right to obtain a paper copy of this Notice from us upon request.

We may contact you to provide appointment reminders or information about treatment or other health-related benefits and services that may be of interest to you. We routinely contact patients via telephone or

secured email at home and/or work and, unless otherwise requested, may leave messages on the appropriate voice mail or answering service regarding appointments, test results, etc.

Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization in written form at any time. {Please see below for identifying persons to whom you would allow disclosures of otherwise protected information.}

We reserve the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains. We will post and you may request a written copy of a revised Notice or Privacy Practices from this office.

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Please provide the name(s) of person(s) if any, to whom you would permit our practice to disclose personal health information as necessary for your continued health care. Please also note if specific health care information cannot be disclosed (i.e.; test results, appointment information, etc.) Otherwise, we will disclose only what is necessary for your continued health care in accordance to this Privacy Policy.

List Below those individuals (family, friends, interpreter services, etc.) you will allow disclosure of your personal health information from our practice as necessary during the course of your health care services:

<u>Name and Relation (circle one)</u>	<u>Allowed Disclosure(s) Please circle ALL or specify</u>
Spouse: _____	All or Specify: _____
Family/Friend-Name: _____	All or Specify: _____
Family/Friend-Name: _____	All or Specify: _____
Family/Friend-Name: _____	All or Specify: _____
Family/Friend-Name: _____	All or Specify: _____

\_\_\_\_ (Initial) I acknowledge and understand the practice's policy to contact me by various means when necessary for my health care services that may include my home/work/cell phone, fax, and/or email. I also understand that private health information may be included in that communication to me.

I **do NOT** want to be contacted by the following methods of communication which may include my private health information: **Please list:**

I hereby acknowledge that I have read and reviewed this Notice of Privacy Practices and received a copy (if requested).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_