



Notice of Privacy Practices (HIPAA)

This Notice of Privacy Practices explains how we may use and disclose your protected health information. Protected health information includes demographic information that may be used to identify you and that relates to your past, present or future physical or mental health condition and/or related health services.

Uses & Disclosures of Protected Health Information

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your healthcare.

Payment: We will use your protected health information, as needed, to obtain payment for your healthcare services.

Healthcare Operations: We may use or disclose your protected health information to support your physician's business activities. These activities include, but are not limited to, quality assurance activities, employee review activities, provider credentialing activities, training of medical students and conducting or arranging for other business activities.

As required by law: We may use or disclose your protected health information to the following entities without prior authorization. These entities include: the Food and Drug Administration, public health and/or legal authorities in charge of disease prevention, worker's compensation and personal injury agents, organ and tissue donation organizations, correctional institutions, military command authorities, funeral directors, coroners and medical examiners.

Authorization: Any uses or disclosures other than those described above will be made only with your consent, authorization or opportunity to object unless required by law. This authorization may be revoked- in writing- at any time except to the extent that your physician has already disclosed the information.

Your Rights

You have the right to inspect and copy your protected health information with the following exceptions: psychotherapy notes, information compiled in reasonable anticipation of, or use in an administrative, civil or criminal proceeding, or protected health information that is subject to a law(s) prohibiting your access to your protected health information (as described above).

You have the right to request a restriction of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that all or part of your protected health information not be disclosed to family members or friends who may be involved in your care. In your request, you must state the specific restriction and to whom the restriction is to apply.

If the physician believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. In this event, you have the right to seek out another health care provider.

You have the right to request confidential communication, be it phone or mail. If no such request is made, the contact information listed on your patient intake form will be used to reach you.

You have the right to request an amendment of your protected health information. All requests must be made in writing. Requests will be responded to within 60 days of receipt of your written request. In the event that your request is approved, the appropriate changes will be made and you will be notified. In the event that this request is denied, you have the right to file a statement of disagreement with your physician. Your physician may then prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.

You have the right to obtain an accounting of disclosures of your personal health information. You must send in a written request and we will respond within 60 days of receiving this written request. Please indicate the time period for which you want the accounting.

You have the right to request a paper copy of this notice.

Questions & Concerns: If you have any questions about this notice or if you think we have improperly used or disclosed your personal health information, please contact us. You also have the right to submit a complaint to the U.S. Department of Health and Human Services (DHHS). We will take no retaliatory action in the event that you opt to file such a complaint with us or with the DHHS.

Duties and Rights of your Physician

- Maintain the privacy of your protected health information
- Abide by the terms of this notice
- Notify you if we are not able to agree on your requested restriction
- We have the right to amend our Notice of Privacy Practices and the terms of this notice, at any time, provided the changes are legally permitted.
- We have the right to make the changes in our Notice of Privacy Practices applicable to all medical information that we retain; including information previously received or created prior to the changes taking effect. Please note: Prior to making a significant change to our Notice of Privacy Practices, a new notice will be created and will be available upon request.

I acknowledge that I have read and understand this Notice of Privacy Practices.

Patient name *(please print)*: _____

Patient/Guardian's Signature: _____ Date: _____

If this acknowledgement is signed by a legal representative, you must provide legal documents that designate you as the legal representative of the patient.