



HIPAA NOTICE OF PRIVACY PRACTICES

Your health is our priority

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.

This Notice of Privacy Practices 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 that relates to your past, present or future physical 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 of our office that are involved in your care and treatment for the purpose of providing healthcare 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 may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or any other third party, to coordinate management of your health care to assist them in treating you.

Payment: We may use and disclose your protected health information to obtain payment for your health care services. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, necessary, to contact you to remind you of your appointment.

Records: You, the patient, are entitled to any and all records that pertain your medical information. For medical/legal reasons, we never release the original records. Records are only released to the patient or someone that the patient specifically designates. Copies of the office assessments, outside test results and x-rays are available. If you would like to view your records or obtain copies of your records, our office will comply with your request within 30 days after a written release is received. Please note that there is a fee for copying records including lab, Imaging, or consult reports.

You have the right to request a restriction of your protected health care information:

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction apply.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: _____ Signature _____ Date: _____



Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

PATIENT DISCLOSURE CONSENT

In order to protect your privacy and in accordance with Federal Law, we do not leave confidential information on answering machines or with anyone other than the patient or patient's legal guardian, without prior authorization:

PLEASE CHECK ALL THAT APPLY:

- May only speak to me!
- We may leave a detailed message on one of the following numbers
 - Home _____
 - Cell _____
 - Work _____
 - Other _____
- You may leave a detailed message with my

Privacy rules require us to take reasonable steps to limit the use or disclosure of your information to the minimum necessary to accomplish the intended purpose. Uses and disclosures are permitted without prior consent in an emergency.

PATIENT or Legal Guardian Signature _____

Print Name: _____ **Date:** _____