

Notice of Health Information Privacy Practices & Consent For Use & Disclosure of Health Information

Recently Congress enacted HIPAA (The Health Insurance Portability and Accountability Act) which calls for tighter measures and compliance with regulations regarding your health information. Although the bulk of these regulations address providers and payers who exchange healthcare information electronically, we are committed to safeguarding your privacy.

We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment and conducting healthcare operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

Understanding Your Health Record/Information

Each time you visit a record is made. This record may contain records of an examination, diagnoses, treatment or plans for future care or treatment. This information serves as:

- Basis for discussing and planning your care and treatment
- Means of communicating with other health professionals who may contribute to your care
- Means by which you can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials
- A source of data for our planning and marketing
- A tool with which we can continually work to improve care and outcomes

Your Health Information Rights

Although your health record is a property of our practice, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice upon request
- Inspect and copy your health record upon written request
- Receive a list of instances in which we disclosed your protected health information for purposes other than those stated above
- Request that we place additional restrictions on our use of your protected information
- Request that we amend your health information
- Request that we communicate with you in confidence about your health information by alternative means

For More Information or to Report a Problem

If you have questions or would like more information, please contact our office. If you believe your privacy rights have been violated, you may file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint with either our office or the Department of Health.

Examples of Disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health information. These examples are not meant to be all inclusive but to describe the types of uses and disclosures that may be made by our office.

We will use your health information for treatment. Information may be obtained by a nurse or other member of your health care team and be recorded in your record. This information may be shared with the physician or other members of the health care team who may be subsequent providers in our office.

We will use your health information for payment. We are presently doing no third-party billing but your record provides you a record of the procedures performed to validate payment.

We may use this information for communication with family. Our health care team, using their best judgment, may disclose information to a family member, close personal friend or other person(s) that you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research. We may disclose information for research if the research has been approved and has policies to protect your privacy.

Marketing. We may contact you with information about treatment alternatives that may be of interest to you or with appointment reminders or other health-related benefits and services that may be of interest to you.

FDA (Food and Drug Administration). We may disclose to the FDA health information relative to adverse events to enable product recalls.

Workers Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health. As required by law, we may disclose your health information to public health or legal authorities.

Law Enforcement. We may disclose health information for law enforcement purposes as required by law in response to a valid subpoena or to report suspected abuse or neglect to public authorities.

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations:

Signature _____ Date _____

Relationship to Patient _____

Acknowledgement of Receipt of Notice of Privacy Practices & Consent

“You May Refuse to Sign This Acknowledgement”

I, _____, have received a copy of this
(Please Print Name)

offices’ Notice of Privacy Practices.

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)_____