

## **HIPAA Notice and Authorization of Privacy Practices**

**This note describes how medical information about you can be used and disclosed, and how you can gain access to this information. Please review this document carefully before signing.**

This Notice of Privacy describes how we can use and disclose your protected health information to carry out treatment, payment, or healthcare rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that can identify you and that relates to your past, present, or future physical or mental health, condition, and related healthcare services.

### **Uses and Disclosures of Protected Health Information**

Your protected health information can be used and disclosed by your physician, this office, and other people outside our office who are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice, and for any other use allowable by law.

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

**Payment:** Your protected health information will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan provider to obtain approval for the hospital admission.

**Healthcare Operations:** We can use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, 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 can use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We can use or disclose your protected health information in certain situations with relevant people without your authorization. The situations and people include, as required by law, matters to do with public health issues, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, organ donation, research, criminal activity, military activity, national security, workers compensation, and inmates, coroners, funeral directors with required use and disclosure. Under the law, we must make disclosures to you, and when required by the Secretary of Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You can revoke this authorization at any time in writing, except to the extent that your physician or your physician's practice has taken an action in reliance on the use or disclosure indicated in this authorization.

**Your Rights** (Following is a statement of your rights with respect to your protected health information.) You have the right to inspect and copy your protected health information. Under federal law, however, you cannot inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of or use in a civil, criminal, or administrative action or proceeding, or PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your protected health information. This means that you can ask us not use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You can also request that any part of your PHI not be disclosed to family members or friends who might be involved in your care, or for notification purposes as described in the Notice of Privacy Practices. Your physician is not required to agree to a restriction that you request. If the physician believes that it is in your best interest to permit the use and disclosure of your PHI, then your PHI will not be restricted. You then have the right to use another healthcare professional.

You have the right to request to request and receive confidential communications from us by alternative means or at an alternative 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 protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we can prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes.

### **Complaints**

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

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 protected healthcare information. If you have any objections to this document, please ask to speak with our HIPAA compliance officer, in person or through our main phone number.

Signing below is only acknowledgement that you have received this notice of our privacy practices.

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Patient's Signature

Date

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Please Print Name Here