

NOTICE OF PRIVACY PRACTICES, HIPAA & ACKNOWLEDGMENT

This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information.

Our Commitment to your Privacy

We are dedicated to maintaining the privacy of your individually identifiable health information (IIHI). This office will create electronic records regarding you and the treatment we provide to you. We are required under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to provide you with this notice of our legal duties and the privacy practices that we maintain.

It is the policy of our practice that all physicians and staff preserve the integrity and confidentiality of protected health information (PHI) pertaining to our patients. To that end this practice will:

- Collect, use and disclose PHI only in conformance with state and federal laws and current patient authorizations, as appropriate.
- Recognize that PHI collected about patients must be accurate, timely, complete and available when needed.
- Recognize that patients have a right to privacy.
- Act as responsible information stewards and treat all PHI as sensitive and confidential. We will not disclose PHI data unless the patient has properly consented to or authorized the release or the release is otherwise authorized by law.

By law the following is a list of ways in which we may use and disclose your IIHI:

- 1) For Treatment. We may use your IIHI to treat you. Any of the people who work for our practice may use or disclose your IIHI in order to treat you or to assist others in your treatment.
- 2) Payment. We may use your IIHI in order to bill and collect payment for the services and items you receive from us. Including but not limited to disclosing information to your health insurance company in order to receive payment from them.
- 3) Health Care Operations. We may use your IIHI to evaluate the quality of care you receive from us.
- 4) Appointment Reminders. Our practice will use and disclose your IIHI to contact you and remind you of an appointment.
- 5) Release of Information to Family/Friend. We may release your IIHI with your permission to a family member or friend that is involved in your care or who assists in taking care of you.

- 6) Lawsuits and Similar Proceedings: Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, or in response to a subpoena or other lawful process.
- 7) Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of an individual or the public.
- 8) Workers Compensation. Our practice may release your IIHI for workers compensation and similar programs.
- 9) Health Information Exchanges. We may participate in health information exchanges to facilitate the secure exchange of your electronic health information between and among several health care providers or other health care entities for your treatment, payment or other health care operations purposes. This means that with an authorization signed by you to release your medical information, we may share information we obtain or create about you with outside entities (such as hospitals, doctors' offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your health care services.

YOUR RIGHTS REGARDING YOUR PHI

You have the right to request that we communicate with you about your health issues in a particular manner or at a certain location. This needs to be requested in writing and we will accommodate all reasonable requests.

You have the right to request a restriction in our use of your PHI. We are not required to agree to your request, however if we do agree we are bound by our agreement unless otherwise required by law, in emergencies or when the information is necessary to treat you.

You have the right to inspect and obtain a copy of your IIHI or PHI and this authorization. You must submit your request in writing. You must pay any fees for the costs of copying and mailing.

You may ask us to amend your health information if you believe it is incorrect or incomplete. You must submit your request in writing and provide us with a reason for your request. You also have the right to ask for an accounting of our disclosures of your IIHI. Routine use of IIHI for treatment purposes is not recorded, but we do keep a list of non-routine disclosures. Your request must be in writing and must include the time period desired.

We will obtain your written authorization for uses and disclosures not identified by this notice or permitted by applicable law. Our practice may change this privacy policy in the future. Any changes will be effective upon the release of a revised privacy policy and will be made available to patients upon request.

Patient's Name (Printed): _____ Date of Birth: _____

Signature: _____ Date: _____
 (Patient or Legal Representative for Patient)

Legal Representative's Relationship to Patient: _____