



A NOTICE ABOUT OUR PRIVACY POLICY

We are providing you with this notice of our Privacy Policy in accordance with the Federal Health Insurance Portability and Accountability (HIPAA) Act of 1996. This Act regulates how we use and disclose your protected health information. Your protected health information, or PHI, is personal information that concerns your past, present or future physical and mental health condition. This notice explains your right to access and control your PHI.

Your Rights:

- You have the right to request restrictions on certain uses and disclosures of your PHI
- You have the right to choose how and where we contact you
- You have the right to inspect or copy your medical records
- You have the right to request amendments to your records
- You have the right to receive an accounting of some disclosures of your PHI

All requests must be in writing. We will provide you with the appropriate request form. We are not required to agree to your requests.

Uses and Disclosures for Treatment, Payment or Operations:

Treatment: We will use and disclose your PHI to provide, coordinate, and manage your health care. For example, if you were referred by another physician for treatment, we will provide that physician with part or all of your medical records.

Payment: We will use your PHI to obtain payment for our services. For example we may submit claims on your behalf to your insurance company, or disclose selected PHI to a company which performs which performs billing or collections services for us.

Operations: We may use your PHI to carry out other operations of our medical practice. Our practice may share minimal PHI with business Associates which perform services for us. Our business associates are pledged to safeguard your privacy.

Reminders or Treatment Options: We may contact you and remind you of your next appointment. We may provide information to you about treatment alternatives or other services that may be of interest.

Uses and Disclosures without your authorization: We may use and disclose your PHI for public health purposes, for health oversight activities, to report abuse or neglect, for Workers' Compensation programs, or for national security and intelligence.

Our Duties:

We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to PHI. We will follow the terms of the notice currently in effect. We reserve the right to change the terms of our privacy notice at any time, and make any revised notice provisions effective for all PHI that we created or received prior to issuing the revised notice. We will not implement any change prior to its effective date. Any revised notice will be posted in the lobby and be available from our Privacy Officer.

Privacy Complaints:

You may complain to our Privacy Officer if you believe your privacy rights have been violated. You may also complain to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

Rev. 12/1/04

Acknowledgement of Receipt of Privacy Notice Documentation of Attempt to Obtain Written Acknowledgment

As required by the Health Insurance Portability and Accountability Act of 1996, we document compliance by retaining copies of our privacy notices and any written acknowledgments of receipt of the privacy notice or documentation of good faith efforts to obtain such written acknowledgment in accordance with our obligation to provide the privacy notice at first service after compliance date, or, when an emergency occurs, as soon as possible after emergency treatment.

____ I have received the Privacy Notice

Signed: _____ Date: _____

If not signed by patient, please indicate your relationship to the patient: _____

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____ We have made a good faith effort to deliver a copy of our Privacy Notice to:

Patient Name: _____

Signed: _____ Date: _____
(Privacy contact person)