

**NOTICES OF PRIVACY PRACTICES**

Effective date: April 14, 2003

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.*

**YOUR PRIVATE HEALTH INFORMATION (PHI)**

Each time you have contact with a healthcare provider for the delivery of healthcare; a record of your contact is prepared. Your medical record is the property of this office, but you have certain rights to restrict some of the uses and disclosures of the information in your medical record. This office is required by law to maintain the privacy and confidentiality of your health information, provide you with this *Notice of Privacy Practices*, notify you if this office is unable to agree to a requested restriction, and allow you to review the *Notice of Privacy Practices* prior to granting consent. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at our location and on our web page.

**USES AND DISCLOSURES OF YOUR PHI**

Your protected health information may be used and disclosed by the staff of this office for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice and any other use required by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and related services. This may include coordination or management with a third party.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services.

We may use or disclose your PHI in the following situations without your authorization: as required by law, public health issues, Food and Drug Administration, legal proceedings, coroners, organ procurement, research, criminal activity, military activity, national security, workers compensation

**YOUR RIGHTS CONCERNING PHI**

You have the right to:

Receive a copy of this notice.

Receive confidential communications of PHI if a written request has been received by this office.

You may inspect and copy your PHI.

You may request a restriction of your PHI or any part of it to family or friends who may be involved in your healthcare.

You may request this office to amend PHI or records about you.

You may receive an accounting of the disclosures of your PHI.

You may request this office to restrict uses or disclosures of your PHI

We will not use your health information for any marketing purposes without your written consent.

This is an abbreviated version of our Notices to Privacy Practices. You have the right to request the standard version from our office.

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 health information. If you have any objections to this form, please ask to speak with our HIPAA Privacy Officer.

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please list family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment, and health care options).

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