



HIPAA NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice of Privacy Practice describes how we may use or disclose protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information, " Protected health information " is information about you , including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services .

Uses and disclosures of protected health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office, that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use of required law.

TREATMENT: We will use and disclose protected health information to provide, coordinate, or manage your health and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you may 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 protector healthcare information be disclosed to health plan to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities included, but are not limited to quality assessment activities ,employee review activities Training of medical students, licensing, or conducting or arranging for other business activities .We may use a sign-in sheet at the registration desk where you will be asked to sign your name, date of birth, and insurance. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.



We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Food and drug administration requirements: Legal Proceedings: Law Enforcement: Coroners funeral Directors and organ donation: Research: Criminal activity: Military activity and Nation security:

Worker's Compensation: Inmates: Required uses and Disclosures: Under the law, we make disclosures to you and when required by the Secretary of the 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 with your consent, Authorization of Opportunity to object unless required by law

You may revoke this authorization, at any time in writing, except to extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

PATIENT 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 may not 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, and protected health information that is subject to law that prohibits access to protected health information that is subject to law that prohibits access to protected health information.

YOU HAVE THE RIGHT TO REQUEST RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION. This means you may ask us not to use or disclose any part of your protected health information not be disclosed to family member or friends who may be involved in your care or for notification purposes as described in this notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want to restriction to apply.

YOUR PHYSICIAN IS NOT REQUIRED TO AGREE TO A RESTRICTION THAT YOU MAY REQUEST. If physician believes it is in your best interest to permit use and disclosure of your protected health information your protected health information will not be restricted. You then have the right to use another healthcare professional.

YOU HAVE THE RIGHT TO RESQUEST AND RECEIVE CONFIDENTIAL COMMUNICATION FROM US BY ALTERNATIVE MEANS OR AT ANY ALTERNATIVE LOCATIONS. You have the right to obtain any paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

YOU MAY 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 may 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 .You then have the right to object or withdraw as provided in this notice.

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

This notice was published and became effective on/or before April 14, 2003.

We are required by law to maintain the privacy if and provide individuals with this notice of our legal duties and privacy practice with respect to protected health information.

Signature below is an only acknowledgement that you have received this Notice of our Privacy Practice.]

Patient Signature

Date