

## **HIPAA PRIVACY NOTICE**

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

### **INTRODUCTION**

We are required by law to maintain the privacy of “protected health information.” “Protected Health Information” includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your healthcare.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information.

### **PERMITTED USES AND DISCLOSURES**

As provided by law, we can use or disclose your protected health information for purposes of *treatment, payment and health care operations*. If you refuse to consent, we do not have to provide you with non-emergency care.

- *Treatment* means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

- *Payment* means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and utilization review activities. For example, prior to providing health care services, we may need to provide to your HMO information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the HMO for the services rendered to you, we can provide the HMO with information regarding your care if necessary to obtain payment.

- *Health care operations* means the support functions of our practice related to *treatment* and *payment*, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff when caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

### **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATIONS**

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

When we determine, in our professional judgement that is in your best interest, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment of your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment.

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, x-rays and similar forms of protected health information, when we determine, in our professional judgement, that it is in your best interest to make such disclosures.

Except for the general uses and disclosures described above, we will not use or disclose your protected health information for any other purposes unless you provide a written authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

### **YOUR RIGHTS**

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request
2. You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
3. You have the right to inspect and copy the protected information contained in your medical and billing records and in any other Practice records used by us to make decisions about you.
4. You have the right to request and receive a paper copy of this notice from us.

- COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact us. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

## **ACKNOWLEDGEMENT**

I, \_\_\_\_\_, on \_\_\_\_\_  
**Name of Patient** **Date**