

**Notice of Privacy Practices**

**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.**

**Uses and Disclosures**

**Treatment.** Your health information may be used by staff members or

disclosed to other health care professionals for the purpose of

evaluating your health, diagnosing medical conditions, and providing

treatment. For example, results of laboratory tests and procedures will

be available in your medical record to all health professionals who may

provide treatment or who may be consulted by staff members.

**We have adopted the following policies:**

1. Patient information will be kept confidential except as is necessary to

provide services or to ensure that all administrative matters related to

your care is handled appropriately. This specifically includes the

sharing of information with other healthcare providers, laboratories,

health insurance payers as is necessary and appropriate for your care.

Patient files may be stored in open file racks and will not contain any

coding which identifies a patient’s condition or information which is not

already a matter of public record. The normal course of providing care

means that such records may be left, at least temporarily, in

administrative areas such as the front office, examination room, etc.

Those records will not be available to persons other than office

You agree to the normal procedures utilized within the office for the

handling of charts, patient records, PHI and other documents or

information.

2. It is the policy of this office to remind patients of their appointments.

We may do this by telephone, e-mail, U.S mail, or by any means

convenient for the practice and/or as requested by you. We may send

you other communications informing you of changes to office policy

and new technology that you might find valuable or informative.

3. The practice utilizes vendors in the conduct of business.

These vendors may have access to PHI but must agree to abide by the

confidentiality rules of HIPAA.

4. You understand and agree to inspections of the office and review of

documents which may include PHI by government agencies or

insurance payers in normal performance of their duties.

5. You agree to bring any concerns or complaints regarding privacy to

the attention of the office manager or the doctor.

6. Your confidential information will not be used for the purposes of

marketing or advertising of products, goods or services.

7. We agree to provide patients with access to their records in

accordance with state and federal laws.

8. We may change, add, delete or modify any of these provisions to

better serve the needs of the both the practice and the patient.

9. You have the right to request restrictions in the use of your

protected health information and to request change in certain policies

used within the office concerning your PHl (private health information). However, we are not obligated to alter internal policies to conform to your request.

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do hereby consent and acknowledge my agreement to the terms set

forth in the HIPAA INFORMATION FORM and any subsequent changes

in office policy. I understand that this consent shall remain in force

from this time forward.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_