NOTICE OF HIPAA PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

This office is required by Federal Regulation, known as the HIPPA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in the Notice.

This office is permitted by Federal privacy laws to make uses and disclosures of your health information for the purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing services to you. The health information about you is documented in written medical record and/or on a computer. Such information may include documenting your symptoms, medical history, examination, test results, diagnoses, treatment, and applying for the future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- A nurse or medical assistant obtains treatment information about you and records it in your health record.
- During the course of treatment, the physician determines he/she will need to consult with another specialist in the area. He/She will share the information with such specialist and obtain his/her input.

Examples of the use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping obtain payment) requests health information from us regarding medical care given. We will provide information to them about you and your care given, which may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to your health insurance company may include information that identifies your diagnoses and the procedures and supplies used.

I acknowledge that I have read and understand this Notice of HIPAA Privacy Policy.

Printed Name:_____ Date:_____

Signature:_____ Relationship if not self:_____