



HIPAA-Health Insurance Portability and Accountability Act Notice of Privacy Practices

YOUR RIGHTS- When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a Copy of Your Medical Record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask Us to Correct Your Medical Record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.

Request Confidential Communications. You can ask us to contact you in a specific way or to send mail to a different address. We will accommodate all reasonable requests.

Ask Us to Limit What We Use or Share. You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request; we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will accommodate this request unless a law requires us to share that information.

Get a List of Those With Whom We Have Shared Information. You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one such list per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a Copy of This Privacy Notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a Complaint if You Feel Your Rights Are Violated. You can complain if you feel we have violated your rights. You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending them a letter or by visiting their website. We will not retaliate against you for filing a complaint.

YOUR CHOICES- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information, talk to us. We will never sell your information or use it for marketing purposes unless you give us written permission. With regard to sharing your information with your family, close friends, or others involved in your care, you have both the right and the choice to control our use of that information. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

OUR USES AND DISCLOSURES-We typically use or share your health information in the following ways:

To Treat You. We can use your health information and share it with other professionals who are treating you.

To Run Our Organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary.

To Bill for Your Services. We can use and share your health information to bill and get payment from health plans or other entities.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION? We are permitted or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet



many conditions in the law before we can share your information for these purposes. For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help With Public Health and Safety Issues. We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and/or preventing or reducing a serious threat to anyone’s health or safety.

Do Research. We can use or share your information for health research.

Comply With the Law. We will share information about you if state or federal law require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

Respond to Organ and Tissue Donation Requests. We can share health information about you with organ procurement organizations.

Work With a Medical Examiner or Funeral Director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers’ Compensation, Law Enforcement, and Other Government Requests. We can use or share health information about you: for workers’ compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.

Respond to Lawsuits and Legal Actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We will adhere to all state and federal laws or regulations that provide protections to your privacy. We will only disclose AIDS/HIV related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by law.

OUR RESPONSIBILITIES: We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not sue or share your information other than as described here unless you tell us in writing that we can. If you tell us that we can, you may change your mind at any time. Let us know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE: We can change the terms of this notice, and the changes will apply to all information that we have about you. The new notice will be available upon request.

EFFECTIVE DATE: This notice is effective on the date it is signed.

PRIVACY OFFICER: [INSERT NAME AND CONTACT INFO]

Patient:

Signature

Date

Witness:

Signature

Date