



Notice of Privacy Policy for Protected Health Information (PHI)

To our patients. This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy. Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

HOW WE COLLECT YOUR INFORMATION: Your personal demographic information such as name, address, birth date, social security number and medical insurance information is obtained from you. This is why we ask you to fill out the patient information sheet and why we ask for a copy of your insurance card. This insures you that the information we collect is correct.

We may ask a doctor or other health care provider who referred you to this practice to give us health information that will enable us to better treat your medical condition. This benefits you in that we will have test results that have already been obtained by the referring entity.

WHY WE COLLECT THIS INFORMATION: We collect this information so that we can treat your condition and obtain payment from you or your health insurance.

MAINTAINING ACCURATE AND TIMELY INFORMATION: To insure that the information we maintain is accurate, each time you visit this office you will be asked if any of your information needs to be updated.

WHO HAS ACCESS TO THIS INFORMATION: Any person or persons you designate in writing, people directly involved in your medical care, people creating

and maintaining your medical record, and those entities that need your information to process health care claims and obtain payment for our services have access to your Protected health Information.

Entities such as Governmental Oversight agencies, Judicial and Administrative Proceedings, Law Enforcement Agencies, Coroners and Medical Examiners, and Organ Procurement Organizations may obtain copies of your Protected Health Information. These entities are mandated by Law and this practice has no jurisdiction over such entities.

HOW WE PROTECT YOUR INFORMATION: We release your information only to those people who need your information. We maintain physical, electronic, and procedural safeguards so that no one but persons involved in your health care or entities who need this information for claims processing have access to your Protected Health Information.

YOUR RIGHTS: You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location.

You have the right to request a restriction on the use or disclosure of your health information except as provided by law.

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. Your request must be in writing to our office.

You have the right to ask us to amend your health information if you believe it is incorrect or incomplete. This request must be in writing and state a reason that supports your request for amendment.

If you leave this practice your Protected Health Information will continue to receive the protection outlined in this notice.

If you believe your privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. You will not be penalized for filing a complaint.

THIS PRACTICE reserves the right to amend our privacy policy as dictated by law, without sending you a copy of the amendment. Any changes to this policy will be posted in our office. This notice is effective as of April 14, 2003.

Patient Signature

Date