

## PRIVACY POLICIES

It is our desire to communicate to you that we take the Federal HIPAA (Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your personal health information seriously. We want you to know about our policies and procedures that we have developed in order to make sure your health information will not be shared with anyone who does not require it. We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment, and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

## HOW YOUR HEALTH INFORMATION MAY BE USED

**To Provide Treatment:** We will use your health information within our office for clinical office procedures to optimize scheduling and coordination of care between the doctors of this clinic and any other clinician you may be seeing at the same time.

**To Obtain Payment:** We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure only to work with companies with a similar commitment to the security of your health information.

**To Conduct Health Care Operations:** Your health care information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. Health information may be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews.

**For Patient Reminders:** Because we believe regular care is very important to your general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up with your care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventative and curative care. They may be postcards, folding postcards, letters, telephone or text reminders, or electronic reminders such as e-mail (unless you inform us you do not wish to receive these reminders).

**Abuse or Neglect:** We will notify government authorities if we believe a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with the patient's agreement.

**Public Health and National Security:** We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security.

**For Law Enforcement:** As permitted by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including under certain circumstances, if you are a victim of a crime or in order to report a crime.

**Family, Friends, and Caregivers:** We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency where you are unable to tell us what you want, we will use our very best judgement when sharing your health information only when it will be important to those participating in your care.

**To Coroners, Funeral Directors, and Medical Examiners:** We may be required by law to provide information to coroners, funeral directors, and medical examiners for the purposes of determining a cause of death and preparing for a funeral.

**Health Care Research:** Advancing health care knowledge often involves learning from the careful study of the medical history of prior patients. Formal review and study of health history as a part of a research study will happen only under the ethical guidance, requirements, and approval of an institutional review board.

**Authorization to Use or Disclose Health Information:** Other than is stated above or where Federal, State, or local law requires use, we will *not* disclose your health information other than with your written authorization. You may revoke said authorization in writing at any time.

## YOUR RIGHTS AS A PATIENT

**Restrictions:** You have the right to require restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

**Confidential Communications:** You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present, or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

**Inspect and Copy Your Health Information:** You have the right to read, review, and copy your health information, including your complete chart and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

**Amend Your Health Information:** You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. Please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information records in question were not created by our office, are not part of our records, or if the records containing your health information are determined to be accurate and complete.

**Documentation of Health Information:** You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payments, or health operations. Please let us know in writing the time period for which you are interested. We may need to charge you a reasonable fee for your request.

**Request a Paper Copy of This Notice:** You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our Notice. If we change our privacy practice, we will be sure all of our patients receive a copy of the revised Notice. You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_