

HIPAA Notice of Privacy Practices

Effective Date: April 14, 2003

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.

How This Medical Practice May Use or Disclose Your Health Information. This medical practice collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need.

Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us.

Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff.

Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or in the event of your death.

Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to what is relevant to satisfy the requirement.

Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for reasons related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure.

Research. We may disclose your health information to researchers conducting research with respect to which an Institutional Review Board has waived the requirement for your authorization.

Your Rights. You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information below.

Changes to This Notice. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of our current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our office. You also may send a written complaint to the U.S. Department of Health and Human Services. The person in charge of privacy matters is our Privacy Officer. You will not be penalized for filing a complaint.

By signing below, I acknowledge that I have received and reviewed the HIPAA Notice of Privacy Practices.

Patient Signature

Date