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NOTICE OF PRIVACY PRACTICES

This notice describes how information about you as a patient of this practice may be used and disclosed, and how to access 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).

My patient medical records are kept confidential, secure and out of reach by unauthorized persons. All reports, consultations and correspondence are reviewed by me prior to being filed in the medical records. A written release signed and dated by the patient/guardian must be obtained prior to the release of medical record information. My practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. Confidentiality laws are complicated, but we must provide you with the following important information.

THE FOLLOWING CIRCUMSTANCES MAY REQUIRE US TO USE OR DISCLOSE YOUR HEALTH INFORMATION:

TO PROVIDE TREATMENT: We will use your health information within my office to provide you with the best health care possible. This may include administrative and clinical office procedures to schedule and coordinate care between doctors, and business office staff. In addition, we may share your health information with referring physicians, specialists, clinical laboratories, pharmacies or other health care personnel providing your treatment. To provide you with the best of care, I confer with colleagues and other professionals in some situations. The confidentiality of your health and treatment information is safeguarded, unless I have your specific consent.

TO OBTAIN PAYMENT: We may include your health information with an invoice used to collect payment for treatment you received in my office. My monthly statements sent to you include a diagnosis, dates of service and service rendered. In limited situations, my office may submit insurance forms for you in the mail or sent electronically. We will make every attempt to work only with companies with similar commitment to the security of your health information.

TO CONDUCT HEALTH CARE OPERATIONS: Your health information may be used during performance evaluations of my staff, during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

COMMUNICATIONS: We may contact you to remind you of a scheduled appointment or that it is time for you to contact me to make an appointment. These communications may include letters, e-mails or telephone reminders. I may share your health information with those you tell me will be helping you with any related medical, psychological or other treatments, medications or payment assistance. You can request that my practice communicate with you about your health and related issues in a particular manner or at certain locations. For instance, you may request that we contact you at home, rather than work. We will try to accommodate reasonable requests.

AS REQUIRED BY LAW: We may disclose your health information to public health authorities and health oversight agencies that are authorized by law to collection information, when required to do so by a law enforcement official, lawsuits and similar proceedings in response to a court or administrative order, when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

YOU ARE ENTITLED TO RECEIVE A COPY OF THIS NOTICE

I, _____, have had full opportunity to read and consider the contents of this Notice of Privacy Practices. I understand that, by signing this form, I am giving my consent to your use and disclosure of protected health information to carry out treatment, billing and accounting services and health care operations.

Signature: _____ Date: _____