



Notice of Privacy Practices

Medical ethics as well as Federal Law require that we respect and protect the confidentiality of your personal and/or medical information. As we required by Federal law, this notice is given to inform you of this practice's policies as they relate to the use of your personal and health information as we carry out our daily business.

Your physician and all other employees working in the practice will keep any information related to you (medical and/or non-medical) in a confidential manner. However, in order to provide you with appropriate medical care, for general practice operations, and/ or for the purposes of obtaining payment, we will at our discretion, with your permission, and as appropriate, provide information pertaining to the treatment you receive in this practice, the charges for this treatment, and related information to other health care related entities. This information may be transmitted through the following mechanisms: postal services, fax transmission, internet transmission, other electronic transmission, voice mail, and personal communications. The following is a list of the most common types of entities that we most typically would provide personal health related information. This list is not an all- inclusive list. Other entities may be added to this list.

- Physicians and non-physician providers who work out of or work outside of this practice
- Medical facilities (i.e. hospitals, outpatient centers)
- Laboratories and other testing facilities
- Other health care providers, such as pharmacies, durable medical equipment suppliers, ambulance services
- Insurance companies (or third party administrators) for the purpose of obtaining payments, reviewing medical necessity, and/or general case management
- State or Federal agencies that require the submission of specific health related information
- Billing services
- Finance companies
- Attorney(s)

We may need to contact you, by phone, to discuss your appointments, test results, treatment, referrals, account balance and/or to return your phone call. We will first attempt to contact you at any number which you have designated as a preferred contact number. However, statements may be mailed to you. In general, we will use the home address you provided us with at the time you registered with the practice unless you have given us a designated, preferred, alternative address.

If you are not available, we will attempt to contact you at home or work (unless you have given us specific instructions otherwise). If you are not available, we will leave either a specific (i.e. to remind you of your appointment time) or general (i.e. please return a call to our office), message as deemed appropriate. In situations in which you are contacted at work, we will only leave a specific message on a personal voicemail or answering service, unless you've instructed otherwise. Our computer system allows us to mark your home/work number as private if requested by you.

From time to time communications such as recall cards, welcome or information packets, surgery pricing information, or billing we may contact your medical insurance company to determine such things as your coverage, eligibility, unmet deductible, co-insurance, or co-pay requirements. If necessary for obtaining payment, we will provide credit bureaus, collections agencies, or claims courts with your account information. When you arrive at our practice for your appointment, we will ask you to sign in and note your arrival time

If you would like information sent to another entity such as a medical facility, work supervisor, lawyer, life insurer, or disability insurer, you must authorize the release of this information in writing (we can provide you with the necessary form to complete).

You may read or obtain a copy of the information maintained in the medical record. You must make a request to inspect health information. The request will be reviewed. If the request is denied, you will be informed. If the request is approved, you will be given access to the requested information.

Please keep us current with information regarding your phone numbers (home and work) and home and billing addresses. This will allow us to make the correct contact when trying to reach you.

When necessary these policies will be modified to ensure the compliance with practice operations and with State and Federal privacy regulations.

If you have any questions or concerns with the policies and/or procedures noted above, please contact our HIPPA officer at the address or phone number below to report any and all concerns. We trust that you are comfortable with our sincere efforts to maintain the confidentiality of the information related to your medical care. You may revoke any aspects of this consent at any time by giving us a written notice; however, such revocation may make it impossible for us to carry out our responsibilities as a provider of your health. Finally, if you believe we have not maintained the privacy of your records, you may file a complaint with the Secretary of the United States Department of Health & Human Services. There will be no retaliation for filing a complaint.

I _____ acknowledge the receipt of these policies.

I _____ consent to the use of my personal data as delineated above.

Signature _____ Date _____

Witness _____ Date _____