

HIPAA DISCLOSURE FORM

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment To The Privacy Of Your Health Information

This Practice is committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your health condition and the care and treatment you receive from the Practice. The creation of a record detailing the care and services you receive helps this office provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for the future care of treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of our nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcome we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights:

Although your health record is in the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 Code of Federal Regulations Part 164.522
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health records as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in the 45 CFR 164.528

Other Uses or Disclosures

Business Associates: Some services that are needed as part of your diagnosis and care are provided through contacts with the business associates. Examples include outside radiology, laboratory, or physical therapy facilities. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associates to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may interest you.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws, relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in the unlawful conduct for have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Effective Date of Notice: April 14, 2003

My signature below indicates that I have been provided with a copy of the notice of privacy practices.

Patient/Guardian Signature: _____ Date: _____

If signed by a legal representative, relationship to patient: _____