

## HIPPA NOTICE OF PRIVACY PRACTICES

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

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

This Notice of Privacy describes how we may use and disclose your protected health information (PHI) to carry out our treatment, payment, or health care operations (TPO) for other purposes that are permitted by law. "Protected Health Information" is information about you, including demographic information that may identify you and that related to your past, present, or future physical or mental health or condition and related care services.

### **Use and Disclosures of Protected Health Information:**

Your PHI may be used and disclosed by your doctor, the staff and others outside of our office that involved in your care and treatment for the purpose of providing health care services to you, pay your health care bills, to support the operations of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. In addition, your health care information may be provided to a physician to whom you have been referred to insure the physician has the necessary information to diagnose and/or to treat you.

**Payment:** Your PHI will be used, as needed, to obtain payment for your physician health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review, training of medical students, licensing, marketing, and fund-raising activities, and conduction or arranging for other business activities. For example, we may disclose PHI to medical students that are training in the office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the in the waiting room. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situation without your authorization. These situations included as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, for and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, and organ donation. Required uses and disclosures under law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization in writing except to the extent that your physician or practice has taken action in reliance on the use or disclosure indicated in the authorization.

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date