

## Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Obtain payment from third-party payers
- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- Conduct normal healthcare operations such as quality assessments and physician certifications

### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. The notice takes effect 4/2/2013 and remains in effect until we amend it.

We reserve the right to change our privacy practices and the terms of this notice, provided such changes are permitted by applicable law. We reserve the right to make any and all changes in our privacy practices for all health information that we maintain, create or receive. Any changes to our policy will be made immediately online and will be available upon request.

**Persons Involved in Care.** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, knowledge of your location, your general condition or your death. We will disclose health information (which we deem directly relevant and based on our professional judgment) to the person's involvement in your healthcare for any emergency circumstance prior to disclosure of your incapacity. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

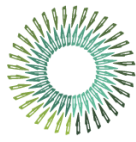
**Required by Law:** We may use or disclose your health information when required to do so legally or when subpoenaed by worker compensation programs, public health agencies, or law enforcement agencies.

**National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may authorize disclosure of your health records to federal officials for lawful intelligence, counterintelligence, and other national security activities. We may also

under certain circumstances, disclose information to correctional institutions or law enforcement officials who have lawful custody of protected health information of inmates or patients.

### Patient Rights

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. Your medical records are made available to you electronically via Patient Fusion, the patient portal of our clinic's EMR program Practice Fusion (<https://www.patientfusion.com>). You will be issued a Patient Fusion log-in at the time of your first visit, if we receive a valid email address for you or your caretaker. On the patient portal, you will have free access to your patient progress notes within 24 hours of your visit.



Faxed copies of these notes must be made in writing and will be sent within a week and include a fee for the service. Charges are computed per Public Act 92-228 Sept. 1, 2001. You may obtain a medical record request form by contacting our office.

**Disclosure Accounting.** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 7 years, but not before April 2, 2013. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You must make request in writing.

**Restriction.** You have the right to request (in writing) that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except in any situation we deem an emergency.

**Amendment.** You have the right to request that we amend your health information. Your written request should explain why the information should be amended. Under certain circumstances, we may deny your request at which time, you may appeal.

**Electronic Notice.** You are entitled to receive this or any electronic notice from our office in written form at no charge.

If you are concerned that we may have violated your privacy rights or if you disagree with any decision we have made regarding access to your health information, you may file a written complaint by contacting us directly. You may also submit a written complaint to the U. S. Department of Health and Human Services, Office of Civil Rights. To have us communicate with you by alternative means or at alternative locations or for more information regarding updates to our policy, please contact us directly.

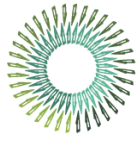
We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file complaint with us or with the U.S. Department of Health and Human Services.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I agree \_\_\_\_\_

**Contact:** Visenta Garcia, Office Manager  
visenta@mchavezmd.com  
773-227-3303



**M.Chávez** MD, SC  
PROCEDURAL MEDICINE • AUTHENTIC CARE