

Health Insurance Portability and Accountability Act (HIPAA) privacy rules are in effect beginning April 14, 2003. We abide by the guidelines outlined in HIPAA and continue to be dedicated to protect the privacy rights of you, our patients, and the confidential information entrusted to us.

Protecting Your Personal Healthcare Information

We use and disclose the information we collect from you only as allowed by the law and HIPAA. This includes issues relating to your treatment, payment, and our medical operations. Your personal health information will never be otherwise given to anyone—even family members—without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality medical care, implement payment activities, conduct normal medical practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

Disclosure of your Protected Health Information

As stated above, we may disclose information as required by law. We will use your information to coordinate care with other providers, such as imaging and laboratory service providers. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines, and postcards.

Patient Rights

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

We thank you for being a patient in our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

**Susan P. Kupferman, MD
Katharine C. Te, MD
Natalia Dvorak, MD
Medical Park Business Office, LLC**

**1600 – 116th Avenue NE #104
Bellevue, Washington 98004
425-454-5758**

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices for the offices of Susan P. Kupferman, MD PLLC and Katharine C. Te, MD PLLC and Natalia Dvorak, MD PLLC and Medical Park Business Office, LLC. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services or in the performance of offices' health care operations. The Notice of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Notice of Privacy Practices is also posted in the facility.

The doctor members and Medical Park Business Office, LLC reserve the right to change the privacy practices that are described in the Notice of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Notice of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Notice of Privacy Practices by requesting that one be mailed to me.

Signature of Patient or Personal Representative

Date

Record of Acknowledgement not obtained

Date provided for signature: _____

Reason for denial:

_____ **Needed more time to review notice of privacy practices**

_____ **Wanted to consult with another person before signing**

_____ **Unable to sign**

_____ **Reason not given**

_____ **Other (explain):**