**HIPAA Notice of Privacy Practices**

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information, hereby referred to as PHI, to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

**Uses and Disclosures or Protected Health Information**

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

**Treatment**

We will use and disclose your PHI 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. Your PHI may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment**

Your PHI will be used, ad needed, to obtain payment for your 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 use or 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 activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our 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 waiting room when your physician is ready to see you. 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 situation include but are not limited to: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors and organ donation, research, criminal activity, military activity, and national security, worker’s compensation, inmates, or required uses and disclosure. Under the law, we must make disclosures to you and 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 this authorization at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use of disclosure indicated in the authorization.*

**Your Rights**

Following is a statement of your rights with respect to your protected health information

**You have the right to inspect and copy your protected health information.** However, under Federal Law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to PHI.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care of for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You the right use another healthcare professional should you wish to do so.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

**You may the right to have your physician amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with use and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your compliant. ***We will not retaliate against you for filing a complaint.***

This notice was published and effective on/or before April 14, 2003. Revised January 21, 2021.

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at our office.3

Please sign below in acknowledgement that you have received this Notice of our Privacy Practices.

Signature: Date:

Printed Full Name:

**Patient Consent Form**

 The Department of Health and Human Services has established a “Privacy Rule” to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients’ consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

 As our patient, we want you to know that we respect the privacy of your personal medical records and will secure and protect that privacy to the best of our ability. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in our best interest.

 We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationship with you, such as laboratories that only interact with physicians and not patient, and may have to disclose Personal Health Information (PHI) for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

 You may provide a written refusal to consent to the use or disclosure of your personal health information. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document, you may still request to refuse all or part of your PHI at a future date. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

 If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

 You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Signature: Date:

Printed Full Name:

**Compliance Assurance Notification for Our Patients**

To Our Valued Patients:

 The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the “Privacy Rule.” We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

 It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws, and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

 We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients!

OUR PROMISE OF PRIVACY AND CONSENT TO PATIENT RECORDS

***Our office is fully committed to compliance with HIPAA guidelines by:***

1. Providing appropriate security for our patient’s records
2. Protecting the privacy of our patient’s medical information
3. Providing our patients with proper access to their medical records
4. Appropriately maintaining our patient information and billing processes in compliance with national standards.

If you ever have any questions or concerns about your services or charges, we encourage you to call and ask for our Compliance officer.