

Notice of Privacy Practices

In accordance with HIPAA privacy regulations, we are notifying you as to how medical/protected health information about you may be used and disclosed. Under the law, we are required to maintain the privacy of this information, but may need to share protected health information (PHI) to others in order to process your claim or for healthcare operations, which may include but are not limited to:

- Receive Payment
- Verify Insurance
- Conduct Quality Assessment
- Care Co-ordination/Management
- Manage our Business
- Assist other Covered Entities with their Health
- Accreditation, Certification, Licensing, or Credentialing
- Disclosure to the Secretary of the United States Dept of Health & Social Services
- Health Oversight Agencies
- To Prevent a Serious Threat to Health of Safety
- Research
- Workman's Compensation
- Public Health & Safety
- Legal, national Security of Law Enforcement
- Personal Physician
- To you or designee upon your request
- Other uses and disclosures of PHI only after your written authorization.

All evaluations, progress notes as well as significant changes in Medical conditions will be reported via fax, phone, and/or mailed to your referring Physician and Primary Care Physician. All insurances will be verified with PHI being released to the insurance company(s) necessary to process claims. All Patients will be asked to sign in at the front desk upon arrival and names will be announced.

If you have any questions, please ask to speak to the office manager.

Thank you.

Patient Signature

Date

