



TANGCHITNOB MD

MINIMALLY INVASIVE ROBOTIC SURGICAL GROUP FOR OBSTETRICS & GYNECOLOGY

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

It is our desire to communicate to you that we are taking the Federal (HIPAA-Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

What has Changed? Why have Privacy Policies?

The most significant variables that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers, but also with the Internet, phone, faxes, copy machines and charts. We believe that this has been an important exercise for us because it has disciplined us to put into writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our patient.

We will use and communicate your health information only for the purpose of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

To Provide Treatment

We will use your health information within our office to provide you with the best medical care possible. This may include administrative and clinical office procedure designed to optimize scheduling and coordination of care between the doctor, nurse and business office staff. In addition, we may share your health information with physician, referring doctors, clinical laboratories, pharmacies or other health care personnel providing you treatment.

To Obtain Payment

We may include your health information with a claim form used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Some of the best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine process of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your general health, we will remind you of a scheduled appointment or that it is time for you to contact us to make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with patients to be sure they receive the best medical care. They may include letters, telephone reminders, or electronic reminders such as email.

CITRUS HEALTH INFORMATION EXCHANGE (CHIE)

To help improve your medical care, we participate in an electronic health information exchange (HIE) with other physicians, hospitals and health care providers in our community called Citrus Health Information Exchange or "CHIE". CHIE is a way for health care providers to share patient information with each other for purposes of treating patients, obtaining payments for such treatment from insurance companies and other third party payors and for certain other administrative uses permitted by law.

CHIE allows us to send and receive your health information to and from other health care providers in CHIE. To help ensure the privacy and security of your health information, CHIE is protected by a variety of security measure and privacy rules. We and other health care providers will not send or receive your health information through CHIE for any other reason.

We believe CHIE will help improve your care by allowing us to quickly and efficiently receive the health information your health care providers have collected from their treatment of you and by similarly sharing with your other providers the health information we have collected from our treatment of you.



Abuse and Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe are specifically required or authorized by the law or with the patient's agreement.

Public Health and National Security

We may be required to disclose to federal office or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

For Law Enforcement

As permitted or required by State and Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain circumstances, if you are a victim of a crime or in order to report a crime.

Authorization to Use or Disclose Health Information

Other than what is stated above or where federal, State or Local law requires use, we will not disclose your health information without your written authorization. You may revoke that authorization in writing at any time.

PATIENT RIGHTS

This new law is careful to describe your rights related to your health information.

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Health Information

You have the right to read, review and copy your health information, including your complete chart and billing records. If you would like a copy of your health information, please let us know in writing. We may need to charge you a reasonable fee to duplicate and assemble a copy of your chart.

Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and thereafter. Please let us know in writing the time period for which you are interested. Your request will be limited to seven years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of This Notice

You have the right to obtain a paper copy of the Notice of Privacy Practices directly from our office at any time.

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of Privacy Practices. We are required to practice the policies described in this notice but we reserve the right to change the terms of our Notice. If we change our privacy practice, we will have available a copy of the revised Notice for you.

You have the right to express complaints to us or the Secretary of health and Human Services. If you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.

Patient's Signature: _____

Date: _____

Patient's Name: _____