

NOTICE OF PRIVACY PRACTICES

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

The United States government has enacted a law known as HIPAA. This is an unfunded mandate that we must follow. This notice is to inform you of how we will handle your health information. Your information has always been kept sacred and safe in our office and we will continue to do so in the future. Basically we will use any information regarding your health condition to:

- Provide treatment
- For payment purposes with your carrier, and
- For the ongoing operation of our office

Treatment is, of course, based on the information you give us during your appointment, your office visit and during the course of treatment. We may use this information to inform other health care providers of your situation when we request a consultation with them.

The information may be used to inform the hospital of scheduled test, X-rays or procedures.

Payment is based upon those services provided and your carrier often demands copies of your health information to process claim.

The day-to-day operations of the office revolve around your health information. Internal audits to improve quality of care, training health care assistants, making decisions regarding business management planning and development all depend upon the information you provide to us.

Legally, we are a non-covered entity under the law. All of our transcription and billing is done in the office. Nothing is transmitted over the internet.

There are times when we have no control over your health information. There are times as specified in state and federal statutes when we must surrender your information. Please see the complete policy manual for a complete discussion of these instances.

You also have several rights under HIPAA regarding your medical information.

You have a right to inspect and request copies. You have the right to request amendments be made to your records. You have the right to an accounting of disclosures. You have the right to request confidential communications with the office. You have the right to a paper copy of this notice. By law, we are required to have your signature in your medical record to attest to the fact that you have received and read this notice.

If you have further questions, please contact the office staff with your concerns. If you are concerned that your privacy rights are being violated, you may file a complaint directly with our office at the location and number above. You may also file directly with the Secretary of Department of Human Services. According to law, you must file your complaint within 180 days of when you knew or should have know of the circumstance that led to the complaint and must be submitted in writing. Our office staff can assist you with contact information. You will not be penalized for filing a complaint.

Thank you for taking the time to read this notice and signing the required form for your chart. Please rest assured that your information will always be treated as a sacred trust, just as we always have, and always will treat our patient-doctor relationship.