

## **Health Insurance Portability and Accessibility Act (HIPAA)**

***This notice describes how medical information about you may be used and how you can get access to this information. Please review it carefully.***

### ***Right to notice:***

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA) your protected health information can be used for treatment, payment and healthcare operations.

- a) **Treatment:** This provider may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- b) **Payment:** This provider may use and disclose your health information to obtain payment for services provided to you.
- c) **Healthcare Operations:** This provider may use and disclose your health information in connection with health care operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider's performance, conducting training programs, accreditations, certification, licensing, or credentialing activities.

### ***Your Authorization***

Most uses and disclosures that do not fall under treatment, payment or healthcare operations will require your authorization in writing.

### ***Emergency Situations***

In the event of your incapacity or emergency situation, this provider may disclose health information to a family member, or another person responsible for your care using professional judgment. This provider may only disclose health information that is directly relevant to a person's involvement in your healthcare.

### ***Marketing***

This provider may not use your health information for marketing communications without your written authorization.

### ***Required by Law***

This provider may use or disclose your health information when required to do so by law.

### ***Abuse or Neglect***

This provider may disclose your health information to appropriate authorities if it is believed that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes.

This provider may disclose your health information to the extent necessary to avert a serious threat to you or other people's property.

***National Security***

This provider must disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence and other appropriate authorities under certain circumstances.

***Appointment Reminders***

This provider may use or disclose your health information to provide you with appointment reminders via phone, email or letters.

***Your Rights as a Patient***

You, as the patient, have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment, or healthcare operations.

- You have a right to confidential communications regarding your protected information.
- You have a right to inspect and copy your protected health information.
- You have a right to amend your protected information.
- You have a right to receive an account of disclosures of your protected health information.
- You have a right to a paper copy of this privacy notice.

***Legal Requirements***

It is required by law to maintain the privacy of your protected health information. This provider is required to abide by the terms of this notice as it is currently stated.

***Complaints***

If you have complaints regarding the way your protected health information is handled, you may submit a complaint in writing to this office.

**HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT**

I certify that I have carefully reviewed and understand the HIPAA privacy notice information.

X \_\_\_\_\_  
SIGNATURE OF PATIENT (OR PARENT IF A MINOR)

\_\_\_\_\_  
DATE