

HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

Generally when you enter health treatment with a licensed health care professional, a record is created for purposes of providing that treatment to you. It contains data about your past, present, or future health or condition, the provision of health care services to you, and the payment for such health care. This record constitutes your protected health information (PHI). Please note that as the HIPAA law which governs your rights in reference to your PHI may be further interpreted, I reserve the right to change the terms of this notice and my privacy policies. Any changes will apply to PHI already on file with me. You may at any time during our treatment request my most current revision of my privacy policy.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

I will use the information I may create or otherwise note primarily to provide you the treatment to which we have agreed, and to maintain a record of the financial transactions that pay for that treatment. I will only disclose your PHI with your specific consent or for purposes mandated by law, as indicated in the accompanying informed consent. In normal non-mandated, non-emergency situations, I will obtain authorization from you prior to disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures. I will have no control over PHI once it is disclosed.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI :

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you the reasons for the denial. I may see fit to provide you with a summary or explanation of the PHI.

B. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made.

C. The Right to Amend Your PHI. If you believe that there is some error in your PHI, it is your right to request that I correct the existing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. You retain the right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made and upon your written instructions, I will advise all others who need to know about the change(s) to your PHI.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I make about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

I acknowledge receipt of this notice

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

