



HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us, whether electronically, on paper, or orally, are kept confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, we have prepared this explanation of how we maintain the privacy of your health information and how we may use and disclose this information.

We may use and disclose your medical records only for each of the following purposes: Treatment, Payment, and Health Care Operations.

1. Treatment means providing your coordination or managing health care and related service by one or more healthcare providers. An example of this would include sharing imaging (i.e., x-ray, CT scan, or MRI) results with a referred specialist or another provider of your choice.
2. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
3. Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, audit functions, cost management analysis, and customer service. An example of this would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may also contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. The following are your rights to your Protected Health Information, otherwise known as, PHI.

1. The right to request restrictions on certain disclosures of protected health information, including those related to disclosures to family members, relatives, personal friends, or any other person identified by you. We are not required to agree to a requested restriction. If we do agree to a restriction, we must be abide by it unless you agree, in writing, to remove said restriction (exception are made for emergency purposes).
2. The right to reasonable requests to receive confidential communications of PHI from us by alternative means or alternative locations. (Requests must be submitted in writing.)
3. The right to inspect and copy your PHI. (Requests must be submitted in writing.)
4. The right to amend your PHI. (Requests must be in writing with an explanation of why the information should be amended.)
5. The right to receive and accounting of disclosures of PHI for the last six (6) years, but not before August 1, 2017.

We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of legal duties and privacy practices with respect to Protected Health Information.

This notice is effective as of August 1, 2017, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all Protected Health Information that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practices from this office.