

# HIPAA PRIVACY NOTICE

\*Effective 4/14/2003

This notice describes how medical information about you may be use and disclosed and how you may obtain access to this information.

This office has always recognized the importance of privacy; this new federal law formalizes practices that have been followed routinely.

**Background:** In 1996, Congress recognized the need for national patient privacy standards and, as part of the Health Insurance Portability and Accountability Act, abbreviated as HIPAA, ordered that a set of rules be establish to control how health information is used and disclosed, as maintained by doctors, hospitals and health plans. Health information is considered sensitive and personal, and the law established consumer protection and limits the sharing of such information, as so similar protection already enacted for bank accounts, credit cards and even video rentals.

- By the law, consent is not required to discuss our medical treatment with your other doctors or health care providers. This allows also for a prescription to be called into your pharmacy and for scheduling of surgery in a hospital.
- Additionally, none is needed in the course of carrying out health care operations, such as assessment or in communications with your insurance carrier for payment related issues, or for incidental uses, such as announcing a name in a waiting room or the use of sign-in-sheets.
- However, this office has always gone one step further in protecting you and does not believe in releasing specific information about you to any business or government entity without your written consent.
- Specific authorization is requested to disclosed protected information in a non-routine circumstance, such as to your employer for use in marketing a product to you.
- Medical information about you may be related for research and public health uses, as long as you are not individually identified.
- You are guaranteed access to review your medical record, and you may amend the record, if you believe it to be incomplete or inaccurate.
- You have the right to review when and to whom your information was related.
- You may suggest additional restrictions with regard to certain uses and disclosures if you wish.
- Portions of this notice may be modified, as long as you are notified
- Should you believe that your privacy right have been compromised you may report the violation, without penalty to you, to this office, or to the Secretary of Health.
- The law requires that you acknowledge receipt of this notice.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_