

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program requiring that all medical records and health information used or disclosed by us in any form be kept properly confidential. We may use and disclose your health information only for treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing your health care among health care professionals.
- Payment relates to communicating with insurance companies, or your attorney to confirm coverage, bill for services, and participate in utilization reviews.
- Health care operations relates to the internal aspects of our practice including quality control.

All other releases of information will occur only with your written authorization. You may revoke authorization at any time in writing. We are required to honor your request, except to the extent that we have already taken action based on your prior authorization. We may contact you to provide appointment reminders or to provide health information via newsletters. You have the following right with respect to your protected health information. You may exercise these rights by contacting any member of our staff.

- The right to restrict disclosure of protected health information to relatives, friends, or any other person.
- The right to reasonable request to receive confidential communications of protected information from us by alternate means or locations.
- The right to inspect and copy your health information.
- The right to receive an accounting of disclosures of your protected health information.
- The right to receive a copy of this notice.

We are required to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. We are required to abide by all the terms of this notice, to keep current with any revisions, and make you aware of any revisions. You have the right to file a formal written complaint if you feel your privacy protections have been violated. We will not retaliate against you for filing a complaint. For more information about HIPPA or to file a complaint contact any member of our staff or:

The US Dept. of Health & Human Services, Office of Civil Rights
200 Independence Ave. SW, Washington, DC 20201, (877) 696-6765

I understand that under Health Insurance Portability & Privacy Act of 1996, I have certain rights to privacy regarding my protected health information. I understand that I have a right to a copy of this document and revisions that may occur. I understand that I may restrict how my protected health information is used to carry out treatment, payment, or health care operations by providing a written notice.

Patient, Parent or Guardian _____ Date _____

Witness _____ Date _____