

HIPAA Notice of Privacy and Consent

Patient Name

Patient First Name * _____

Patient Last Name * _____

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ IT CAREFULLY.

We are required by law to maintain the privacy of your protected health information (PHI), provide individuals with a notice of our legal duties and privacy practices regarding PHI, and notify affected individuals following a breach of unsecured PHI. We must follow the privacy practices described in this Notice as long as it is in effect. This Notice is effective as of May 5, 2020, and will remain in effect until it is replaced.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by applicable law. New provisions will be effective for all PHI we maintain. When significant changes are made, we will update this Notice and post it prominently at our practice location and provide copies of the updated Notice upon request.

You may request a copy of this Notice at any time. For more information about our privacy practices or to request additional copies of this Notice, please contact us.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for various purposes, including treatment, payment, and healthcare operations. Below are the descriptions and examples of these categories. Some information, such as HIV-related information, genetic data, alcohol/substance abuse records, and mental health records, may be subject to special confidentiality protections under applicable law. We will adhere to these protections as required.

- **Treatment:** We may use and disclose your health information for your treatment. For example, we may share information with a specialist involved in your care.
- **Payment:** We may use and disclose your health information to obtain payment for the treatment and services you receive. This includes activities such as billing, collections, claims management, and determining eligibility for coverage. For example, we may submit claims to your insurance company that contain health information.
- **Healthcare Operations:** We may use and disclose your health information for healthcare operations, such as quality improvement activities, training programs, and licensing.
- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information to individuals you identify as being involved in your care or the payment for your care. This includes family members, friends, or patient representatives with legal authority to make healthcare decisions for you.
- **Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts.
- **Required by Law:** We may use or disclose your health information when required by law.

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- **Public Health Activities:** We may disclose your health information to public health authorities for activities such as:
 - Preventing or controlling disease, injury, or disability.
 - Reporting child abuse or neglect.
 - Reporting medication reactions or issues with products.
 - Notifying people of product recalls or exposure to disease.
- **National Security:** We may disclose your health information to military authorities, federal officials, or law enforcement under certain circumstances, including for national security or law enforcement activities.
- **Secretary of HHS:** We may disclose your health information to the Secretary of the U.S. Department of Health and Human Services to investigate or enforce compliance with HIPAA.
- **Workers Compensation:** We may disclose your health information as authorized to comply with workers' compensation laws or similar programs.
- **Law Enforcement:** We may disclose your health information for law enforcement purposes, as permitted or required by law.
- **Health Oversight Activities:** We may disclose your health information to oversight agencies conducting audits, investigations, or inspections related to licensure and compliance.
- **Judicial and Administrative Proceedings:** We may disclose your health information in response to a court or administrative order, subpoena, or discovery request, after efforts have been made to notify you or obtain a protective order.
- **Research:** We may disclose your health information to researchers with approval from an institutional review board or privacy board ensuring privacy protocols.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release your health information to a coroner or medical examiner for purposes such as determining cause of death. We may also disclose information to funeral directors as necessary.
- **Fundraising:** We may contact you for fundraising purposes related to our practice, as permitted by law. You may opt-out of receiving such communications.
- **Other Uses and Disclosures:** In some cases, your authorization is required for disclosures of psychotherapy notes, marketing, or the sale of PHI. You will be asked for your written authorization before we use or disclose your PHI for any purpose not outlined in this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Access:** You have the right to inspect or obtain copies of your health information, with certain exceptions. Requests must be made in writing, and you may obtain a request form from us. Fees may apply for copying and postage.
- **Disclosure Accounting:** You have the right to request an accounting of certain disclosures of your health information. Requests must be submitted in writing. A reasonable, cost-based fee may apply for additional requests within a 12-month period.
- **Request Restrictions:** You may request restrictions on how we use or disclose your health information by submitting a written request. We are not required to agree to your request except in cases involving full payment for healthcare items or services.
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. We will accommodate reasonable requests.

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- **Amendment:** You have the right to request an amendment to your health information if you believe it is incorrect or incomplete. Requests must be in writing and explain the reason for the amendment. We may refuse your request in certain circumstances.
- **Notification of Breach:** You will be notified if there is a breach of your unsecured protected health information as required by law.
- **Electronic Notice:** You may request a paper copy of this Notice even if you have agreed to receive it electronically.

QUESTIONS AND COMPLAINTS

If you have questions or concerns about our privacy practices, or if you believe we may have violated your privacy rights, please contact us.

You also have the right to file a complaint with the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. We will provide the address to file a complaint upon request.

We support your right to privacy and will not retaliate in any way for filing a complaint.

HIPAA Authorization to Release Information

HIPPA laws do not authorize the release of protected health information (PHI) without the written consent. To authorize the practice to release PHI please list the contact information for the person(s) in the space provided below.

1. Full Name _____ Phone Number _____
2. Full Name _____ Phone Number _____
3. Full Name _____ Phone Number _____

Sign Form

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received (or have been offered) a copy of this office's Notice of Privacy Practices. By signing this form, you are giving this office your consent to use and disclose health information about you for treatment, payment, and health care operation purposes.

Relationship to patient: ____ Self ____ Parent ____ Spouse ____ Guardian ____ Other

SIGNATURE: _____