

# Summary of Privacy Practices

Due to federal legislation passed by Congress in 1996, entitled the Health Insurance Portability and Accountability Act (HIPAA), all healthcare providers and related facilities are required by law to abide by the guidelines for patient privacy and for the confidentiality and security of all protected health information. "Protected Health information" refers to any written or electronically stored data that contain demographic, treatment, past medical history, and/or any other information that is created or received by your health care provider. This includes all physical records as well as information stored in electronic databases.

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices. Our full-length notice is posted with in the facility, and a copy will be made available to you at your request. This notice is effective immediately.

This Summary of Privacy Practices will include the following:

- The ways in which the provider will use and disclose the patient's personal health information
- The patient's rights under HIPAA
- The provider's responsibilities under HIPAA

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your health care provider can use or disclose your protected health information for the purpose of providing treatment, conducting health operations, or for those instances required by law. We may disclose your information in the instance that it is required to coordinate or manage your healthcare and any related services. For instance, we may disclose your information to other physicians who may be treating you or consulting your physician with respect to your healthcare and treatment.

Your protected health information will be used to obtain payment for the services that we provide. This includes communication with your health insurance provider to obtain eligibility and a description of plan benefits, and we may demonstrate medical necessity, etc.

The federal privacy rules under HIPAA allow your healthcare provider to use and disclose your information in instances beyond treatment, payment, and operations and do not require consent to do so in certain situations, such as when required by federal, state, and local law, to report abuse and neglect, or when there are risks to public health and safety.

## PATIENT RIGHTS

HIPAA allows you, the patient, various rights regarding your protected health information. You have the right to inspect and copy your health information unless in a circumstance prohibited by law. You will be required to submit this request in writing, and you may be charged a fee to cover the costs of copying, mailing, etc. You have the right to request restrictions on uses and disclosures of your health information. You have the right to request that certain aspects of your information not be used for the purpose of treatment or payment and the right to request that we not disclose your information to family members or friends involved in your care. Furthermore, HIPAA provides you the right to an accounting of all disclosures of your health information. Last, you have the right to make amendments to your information if any element of that information changes. All such requests to exercise such rights must be submitted in writing to the practice's Privacy Office. In the event that your request for access or restriction is denied, you will be given a written notice and will have the opportunity to appeal the decision.

You also have the right to submit a formal complaint if you think your privacy rights have been violated, you may submit these to the practice's Privacy Officer, as mentioned above, or to the Secretary of Health and Human Services.

## PROVIDER'S RESPONSIBILITIES

We as the provider have the responsibility to make you aware of HIPAA and how it relates to you and your treatment. We are required to supply you with a written copy of the Summary of Privacy Practices and to make the full-length version of the Notice for Privacy Practices available to you. We also have the responsibility to accept formal complaints and may not retaliate against or attempt to dissuade you in the instance. HIPAA requires that we maintain the privacy and integrity of your protected health information. We must abide by the terms of this abbreviated notice and the terms of the entire notice. We do, however, reserve the right to make changes or amendments to the notice, but we will make any revision known as soon as they are in place and provide you with a written copy of the revised notice.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

