

Notice of Privacy

Dear patient:

This notice describes how your health information may be used and disclosed and how you can access this information. Please review carefully and sign at the bottom.

We have always kept your health information secure and confidential. A new law requires us to continue your privacy, to give this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, review of your file by the specialist doctor who may be involved in your care.

We may disclose your health information for payment of the service provided. For example, we may send a report of your progress to your company when required to pay a service.

We may use or disclose your health information for all internal operations. For example, one of all staff may enter your information into our computer.

We will share your medical information with our business associates, such as billing service, we have written contract with each or business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletter or other information. We may also want to call and remind you about your appointments at times. If you are not home, we may leave this information on your answering machine or with the person who answers the phone.

In an emergency, we may disclose your information to any family member or another person responsible for your care. We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, the practice will not disclose your information without your prior written authorization.

You may request in writing that we may not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal use.

As we need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice with an written request. We well mail your files for you.

You have the right to see or received a copy of your health information, with few exceptions. Give us a written request regarding the information you want to see. If you also want to copy of your records, we may charge you a reasonable fee for the copies.

You have the right request amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make in the changes you request. However, we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but we will add the new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing,

You may file any complaint with the:

Department of health and human services, 200 Independent Ave., S.W. room 509F, Washington, DC 20201

However, before filling any complaint, or more information or assistance regarding your health information privacy please contact our office.

This notice goes into effects as of April 1, 2013

Signature: _____

Date: _____

Guarantor Signature (If other than patient): _____

Date: _____