Notice of Privacy Practices

Effective Date: _____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

We are committed to protecting the privacy and security of your protected health information (PHI). This Notice explains how we may use and disclose your health information, your rights regarding that information, and our legal responsibilities under the Health Insurance Portability and Accountability Act (HIPAA).

How We May Use and Disclose Your Health Information

We may use and disclose your health information without your written authorization for the following purposes:

Treatment

* To provide, coordinate, or manage your healthcare and related services.
* To communicate with other healthcare providers involved in your care.

Payment

* To bill and collect payment from you, your insurance company, or another responsible party.
* To determine eligibility and obtain prior authorization for services.

Healthcare Operations

* To improve the quality of care we provide.
* To conduct quality assessments, staff training, licensing, accreditation, and business planning.
* To perform administrative and operational activities.

Other Uses and Disclosures Permitted by Law

We may also disclose your health information when required or permitted by law, including:

* Public health activities
* Reporting abuse, neglect, or domestic violence
* Health oversight activities
* Judicial and administrative proceedings
* Law enforcement purposes
* Coroners, medical examiners, and funeral directors
* Organ and tissue donation
* Research (when permitted by law)
* To prevent a serious threat to health or safety
* Specialized government functions
* Workers' compensation programs

Uses Requiring Your Written Authorization

Any use or disclosure of your health information not described in this Notice generally requires your written authorization. You may revoke your authorization at any time in writing, except to the extent we have already acted upon it.

Your Rights

You have the right to:

* Obtain a copy of this Notice.
* Inspect and receive a copy of your medical records, with certain exceptions.
* Request an amendment to your medical records if you believe they are incorrect or incomplete.
* Request restrictions on certain uses and disclosures of your health information.
* Request confidential communications by alternative means or at alternative locations.
* Receive an accounting of certain disclosures of your health information.
* Receive notification if a breach of your unsecured protected health information occurs.
* File a complaint if you believe your privacy rights have been violated.

Our Responsibilities

We are required by law to:

* Maintain the privacy and security of your protected health information.
* Provide you with this Notice of our legal duties and privacy practices.
* Notify you following a breach of unsecured protected health information, when required.
* Follow the terms of this Notice currently in effect.

We reserve the right to revise this Notice. Any revised Notice will apply to all protected health information we maintain and will be available upon request and on our website, if applicable.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us without fear of retaliation.

Privacy Officer: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Contact Information

If you have questions about this Notice or your privacy rights, please contact our Privacy Officer using the information listed above.

Acknowledgment of Receipt (Optional)

I acknowledge that I have been offered a copy of the Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____