

PRIVACY POLICY/HIPAA

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.

As a courtesy, and with your permission, the physician's typed consultation notes are sent to your referring physician after your first visit. If your insurance is through No Fault or Workers' Compensation, the physician's written dictations will be sent to your insurance company, accompanying the bill for each office visit. Our medical office never uses patients' medical information for fundraising purposes. Your medical records will only be released to those who present a request in writing accompanied by your written authorization. You may, at any time, choose to revoke a previous authorization or request for restrictions on uses and disclosures of your medical records. This must be submitted in writing. You may request your own medical records and are required to pay a nominal fee for each medical record requested. You may also request amendments to your records if warranted and necessary, as determined by your physician, if submitted in writing. If at any time you would like to request confidential communications with someone in the office, arrangements can be made. If you wish to obtain an accounting or certain disclosures, one will be made available to you. This practice is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices, and to abide by the terms of the notice currently in effect. This practice reserves the right to change its privacy practices and the terms if its privacy notice at any time. Please be aware that you have the right to enter privacy complaints or comments to the office manager at any time, which will be handled with the utmost respect. More in-depth copies of the office's notice of privacy policies are available upon request. If you would like to obtain more information from the HHS, they can be found at www.hhs.gov. For any further questions or for more information regarding this office's privacy policy, you may contact the office manager.

Patient Name: _____

Signature: _____ Date: _____